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Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING
January 4, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 21, 1993**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) Consideration of a revision of the AB 75 Capital Outlay Plan for San Francisco General Hospital and Community Public Health Services Division.

(3.2) Request to approve standyby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

(3.3) Request approval for surplus transfer in the amount of $10,504 to fund unanticipated price increases in equipment for the Media Migration Project of the Records and Statistics Section.

(3.4) CHS - AIDS - Renewal contract with Project Open Hand, in the amount of $156,750, to provide visits to the Project Open Hand Food Bank for symptomatic HIV persons for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Project Open Hand for services totaling $913,108 in FY 1992-93).

(3.5) CHS - AIDS - Request to extend sixteen FY 1992-93 contracts for an additional six months from January 1, 1994 through June 30, 1994 for AIDS prevention and health services for a combined total of $1,650,280.

(3.6) CPHS - Homeless Programs - Reconsideration of multiyear renewal contract with Central Hospitality House in the amount of $510,418 to provide peer-support programs for homeless persons at Tenderloin Self Help Center, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Central Hospitality House for services totaling $601,918 in FY 1992-93).

(3.7) CHS - AB75/CHIP - Authorizing adoption of the county description of proposed expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1993-94 and that the chairperson or duly authorized representative of the Board of Supervisors of the City and County of San Francisco can certify the county description of proposed expenditure of CHIP funds for fiscal year 1993-94.

(3.8) DMS - CMHS - Multiyear renewal contract with California Pacific Mental Health Services in the amount of $6,128,222 per year to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1993 through June 30, 1994. (DPH contracted with California Pacific Mental Health for services totaling $10,009,333 in FY 1992-93).

(3.9) DMS - CMHS - Reconsideration of multiyear contract renewal with Crestwood Hospitals, Inc. in the amount of $ 9,698,000 per year to provide partial day subacute locked skilled nursing services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Crestwood Hospitals, Inc. for services totaling $9,098,531 in FY 1992-93).

(3.10) DMS - CMHS - New contract with Alameda County Health Services Agency in the amount of $191,399 for FY 1993-94 and $314,813 (estimated) for FY 1994-95 to provide Neuro Behavioral Care through the Regional Organic Syndrome (OBS) Program for the period date of certification to June 30, 1995.

(3.11) SFGH - Medical Records - Renewal of three contracts to provide back-up medical transcription services for a combined total not to exceed $200,000 for the period of January 1, 1994 through December 31, 1994:

1. Bay Area Medical Trancription in an amount not to exceed $90,000.
2. California Medical Trancription in an amount not to exceed $40,000.
3. Transcription STAT, Inc. in an amount not to exceed $70,000.

(DPH contracted with Bay Area Medical Transription for services totaling $155,000; with California Medical Transcription for services totaling $45,000; and Transcription STAT for services totaling $10,000; in FY 1992-93).

4) **DIRECTOR'S REPORT**
(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

5) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

6.A) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC DIRECTION AND CONSIDERATION OF A RESOLUTION ON THE STRATEGIC DIRECTION

6.B) PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL STRATEGIC PLAN

7) PRESENTATION OF PRINCIPLES FOR THE DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1994-95

8) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION", CONSIDERATION OF SETTLEMENT OF A CLAIM BY DONALD CASSIO ET AL V. LAGUNA HONDA HOSPITAL

9) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

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Arthur M. Jackson
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ADDENDUM

TO

AGENDA

HEALTH COMMISSION MEETING
January 4, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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Items 5A and 5B will be added to the Agenda, under Item #5, of the Health Commission meeting of January 4, 1994, to read:

5) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

5A) **CONSIDERATION OF A RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO REPEAL SAN FRANCISCO ADMINISTRATIVE CODE SECTION 19.A.3 (AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO DESIGNATE HOSPITAL SPACE FOR RESEARCH).**

5B) **CONSIDERATION OF A RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO REPEAL SAN FRANCISCO ADMINISTRATIVE CODE SECTION 19.A.11 (AUTHORIZING THE HEALTH COMMISSION AND PURCHASER TO ENTER INTO AN AGREEMENT WITH THE UNIVERSITY OF CALIFORNIA FOR HOSPITAL MEDICAL AND LABORATORY SERVICES.**

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 4, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 21, 1993

Action Taken: The Commission adopted the minutes of December 21, 1993.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Consideration of a revision of the AB 75 Capital Outlay Plan for San Francisco General Hospital and Community Public Health Services Division.

Commissioner Kaufman raised the question of how contractors whose Department monitoring reports are critical of their physical sites would be eligible for these capital funds.

(3.2) Request to approve standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

(3.3) Request approval for surplus transfer in the amount of $10,504 to fund unanticipated price increases in equipment for the Media Migration Project of the Records and Statistics Section.

(3.4) CHS - AIDS - Renewal contract with Project Open Hand, in the amount of $156,750, to provide visits to the Project Open Hand Food Bank for symptomatic HIV persons for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Project Open Hand for services totaling $913,108 in FY 1992-93).

The audit for this contractor has been submitted to the AIDS Office.

(3.5) CHS - AIDS - Request to extend sixteen FY 1992-93 contracts for an additional six months from January 1, 1994 through June 30, 1994 for AIDS prevention and health services for a combined total of $1,650,280.

Commissioner Paras did not discuss the portion related to Shanti Project.

(3.6) CPHS - Homeless Programs - Reconsideration of multiyear renewal contract with Central Hospitality House in the amount of $510,418 to provide peer-support programs for homeless persons at Tenderloin Self Help Center, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Central Hospitality House for services totaling $601,918 in FY 1992-93).

Commissioner Kaufman requested the Department to bring back to the Joint Conference Committee on Public Health, AIDS, and EMS, the results of the cash flow analysis and management audit of this contractor. She also informed the contractor that she has requested the Department to look into the contract processing and its impact on cash flow for the contractors.

(3.7) CHS - AB75/CHIP - Authorizing adoption of the county description of proposed expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1993-94 and that the chairperson or duly authorized representative of the Board of Supervisors of the City and County of San Francisco can certify the county description of proposed expenditure of CHIP funds for fiscal year 1993-94.

(3.8) DMS - CMHS - Multiyear renewal contract with California Pacific Mental Health Services in the amount of $6,128,222 per year to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1993 through June 30, 1994. (DPH contracted with California Pacific Mental Health for services totaling $10,009,333 in FY 1992-93).

Commissioner Kaufman pointed out that the affirmative action of the Board composition decreased over the past two years. Judith Stevenson of CPMC Mental Health Services gave an update on the follow-up to the monitoring report.

(3.9) DMS - CMHS - Reconsideration of multiyear contract renewal with Crestwood Hospitals, Inc. in the amount of $ 9,698,000 per year to provide partial day subacute locked skilled nursing services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Crestwood Hospitals, Inc. for services totaling $9,098,531 in FY 1992-93).

The contractor's Board of Directors has submitted a letter indicating its intent to add a minority member to its Board.

(3.10) DMS - CMHS - New contract with Alameda County Health Services Agency in the amount of $191,399 for FY 1993-94 and $314,813 (estimated) for FY 1994-95 to provide Neuro Behavioral Care through the Regional Organic Syndrome (OBS) Program for the period date of certification to June 30, 1995.

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(DPH contracted with Bay Area Medical Transcription for services totaling $155,000; with California Medical Transcription for services totaling $45,000; and Transcription STAT for services totaling $10,000; in FY 1992-93).

Action Taken: Commissioners Jackson, Rosenstiel, Kaufman, Marton and Paras approved items #3.1, 3.2, 3.3, 3.4, 3.6, 3.7, 3.9, 3.10 and 3.11.

Commissioners Jackson, Rosenstiel, Kaufman, Marton and Paras approved item #3.5 with Commissioner Paras abstaining only on the Shanti Project and Commissioner Marton abstaining only on CPMC.

Commissioners Jackson, Rosenstiel, Kaufman and Paras approved item #3.8 with Commissioner Marton abstaining.

4) DIRECTOR'S REPORT

(Florence Stroud, R.N, M.N, M.P.H., Acting Director)

BUDGET UPDATE

- FY 94-95 Budget Instructions: The Mayor's Office has not yet issued the 1994-95 General Fund reduction targets for the departments. Estimates are that citywide, the deficit will be $100 million in the upcoming fiscal year. The Mayor's Office has delayed issuing departmental targets due to the uncertainty surrounding the State budget deficit. It is expected the Governor will issue a preview of the 1994-95 State budget at the end of this week. The Mayor's Office intends to analyze its current deficit projections in light of the State proposed budget and make any necessary adjustments. These adjustments could result in a larger City deficit. The Mayor's Office hopes to issue the official reduction targets on Monday, January 10.

  The Department has begun the process of developing its 1994-95 proposed budget and has recommended budget principles to guide staff in formulating the budget. These principles will be discussed in further detail later in this Commission meeting. The Executive Budget Committee has been meeting regularly to plan the Department's response to the Mayor's 1994-95 budget instructions.

  Due to the delay in issuing the General Fund reduction targets, the Mayor's Office has extended the deadline for submission of the proposed budget from February 1 to March 1. This additional time will enable the Department to develop a more thorough and complete proposed budget. The Department anticipates presenting the budget to the Health Commission on February 14.

MANAGED CARE

- Update on Managed Care Developments: The Department of Health Services sent notice on December 31, 1993 that San Francisco County has met the Letter of Intent requirements to develop a MediCal Local Initiative. The Letter of

Intent was submitted by the Board of Supervisors (Resolution No. 741-93) to the Department of Health Services on September 28, 1993. The requirements included a proposed timeline for addressing the formation of a governance structure, the composition of the board, and how the board members will be selected. The State has been notified that, based on a a developed incorporation timeline, the Local Initiative anticipates filing for incorporation by mid-March, 1994.

The Program Advisory Committee held its first meeting on December 16, 1993. Four members were nominated as candidates for the two Program Committee representative seats on the Steering Committee. Information about each of the four nominees has been forwarded to the Steering Committee, and at its next meeting on January 5, 1994, the Steering Committee will choose its two new members.

COMMUNITY PUBLIC HEALTH SERVICES

- Health Center #1: A hardy but reduced staff at Health Center #1 is continuing to see patients in spite of no heat in the Center. Staff is seeing patients who choose not to reschedule appointments as well as urgent care patients, while waiting for a part to be shipped for Indiana to repair the malfunctioning boiler. The critical part was shipped overnight by UPS, and a DPW crew will be working on the boiler today. They expect to have it repaired first thing Wednesday morning.

  A $70,000 renovation of the heating and ventilation system of Health Center #1 is scheduled to begin next month and be completed in March. These periodic breakdowns, predictably occurring at the worst time, are further evidence of the vital need to attend to capital infrastructure as the Department prepares for the future.

  The staff of Health Center #1, working in scarves and gloves, are to be acknowledged for their patience and commitment to patient care. The staff and patients are enduring arctic weather after the long holiday weekend of no heat.

- AIDS Office: The Department has received several complaints concerning the amount of a recent HIV prevention award that went to Asian Pacific Islander run agencies. The awards were based on a competitive RFP which encouraged consolidation of prevention services. Dollars were awarded to reflect the high rates of seroconversions among gay men of color, especially African Americans. Also taken into consideration were the funds received from federal or state sources for providing these services. Of the total prevention dollars available, 31% went to serve African Americans, 18% to serve Latinos, 12% to serve Asian Pacific Islanders, 3% to serve Native Americans, and 35% to serve Caucasians.

  The Asian Pacific Islander AIDS serve agencies have been planning and evaluating interagency collaboration and possible mergers. The Department is committed to working with agencies to facilitate this complex process and to identify non-governmental resources to advance this important outcome. Of note, this RFP process has decreased the total number of prevention contracts administered by the AIDS Office from 20 to 7.

On behalf of the Commission, President Jackson made a special presentation to Jimmy Loyce, who has been with the Department for 12 years and will be starting his new position as the Executive Director of the AIDS Project in Los Angeles (APLA).

On behalf of the Commission, President Jackson made a special plaque presentation and expressed appreciation to Vice President Paul A. Rosenstiel, whose 4-year term on the Commission ends January 15, 1994. Commissioner Rosenstiel expressed his appreciation to the Department staff for their dedicated work. He also emphasized the Commission's responsibility and Charter mandate to appoint the Director of Public Health.

5) **CONSIDERATION OF THE AFFILIATION AGREEMENT BETWEEN THE UNIVERSITY OF CALIFORNIA (UCSF) AND THE CITY AND COUNTY OF SAN FRANCISCO (DPH-SFGH)**

Richard Cordova, San Francisco General Hospital Executive Administrator, made the following presentation:

This document reconfirms and formalizes the partnership between these entities which has existed for more than one hundred years.

The renegotiation and development of this affiliation has been of critical importance to San Francisco General Hospital for many reasons. First of all, the growing demands from today's legal and budgetary environment made it essential that the commitments and obligations of each party to one another be memorialized in a formal legal document.

Additionally, there has been a strong desire on the part of the staffs at both the Hospital and the University to create greater accountability and clarity for our roles and responsibilities. Finally, all of us saw the need to continue to further develop a strong partnership that is mutually beneficial to both parties and is focused on cost effective and efficient management, the provision of a quality of care that would not otherwise be possible, maximizing third party revenues and joint planning as we enter a new era in health care.

Through this agreement, a broad framework is set forth which defines the agreements and understandings of the parties in terms of their relationship, respective responsibilities, rights, commitments, and expectations. Furthermore, it addresses such critical issues as the missions of the parties, quality improvement, patient care, third party reimbursement, the allocation of liability risk, and a process for redefining the payment methodology based on the expected changes in the industry.

The negotiation and approval of this Affiliation Agreement is a critical step in moving the Hospital towards meeting its strategic goals and positions the Hospital as a leader in the healthcare environment. However, it should be recognized that this reaffiliation is long overdue and this relationship will continue to grow and change in keeping with our fast-paced environment and health care reform. The work is just beginning.

President Jackson welcomed and thanked U.C. Chancellor Joseph Martin, M.D., for his facilitation in these negotiations and indicated that this is a momentous occasion for all involved.

After Chancellor Martin made his remarks of support for the Affiliation Agreement, he responded to Commissioner Paras' inquiring about what was U.C.'s direction regarding training of primary care and geriatric care physicians. He indicated that U.C. will reduce its specialty training and commit 50% of its training to primary care; and U.C. is embarking on a new plan for geriatric care by recruiting new leadership in geriatrics.

Commissioner Kaufman pointed out that the Department of Public Health Mission Statement in Exhibit B of the proposed Affiliation Agreement should be the Commission approved Department of Public Health Mission Statement of March 16, 1994, (Attachment A).

Public Speakers: Allan Brill, S.F. Interns and Residents, supports the proposed Affiliation Agreement.
Edward Benner does not support the proposed Affiliation Agreement.
John O'Brien raised his concerns about SFGH.

President Jackson expressed his appreciation to Chancellor Martin, Dr. Rapaport, Mr. Cordova, and the Department for their hard work on the Affiliation Agreement.

Commissioner Rosenstiel requested Department staff to look into Mr. O'Brien's issues that he raised.

Action Taken: Commissioners Jackson, Rosenstiel, Kaufman, Marton and Paras adopted Resolution #2-94 (Attachment B) approving the Affiliation Agreement, with the Department of Public Health Mission Statement of March 16, 1993, and recommends it for approval to the Board of Supervisors and the Mayor.

5A) CONSIDERATION OF A RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO REPEAL SAN FRANCISCO ADMINISTRATIVE CODE SECTION 19.A.3 (AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO DESIGNATE HOSPITAL SPACE FOR RESEARCH).

5B) CONSIDERATION OF A RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO REPEAL SAN FRANCISCO ADMINISTRATIVE CODE SECTION 19.A.11 (AUTHORIZING THE HEALTH COMMISSION AND PURCHASER TO ENTER INTO AN AGREEMENT WITH THE UNIVERSITY OF CALIFORNIA FOR HOSPITAL MEDICAL AND LABORATORY SERVICES.

Action Taken: Commissioners Jackson, Rosenstiel, Marton, Kaufman, and Paras approved Resolution #3-94, (Attachment C), to recommend to the Board of Supervisors to repeal the Administrative Code Sections 19.A.3 and 19.A.11.

6.A) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC DIRECTION AND CONSIDERATION OF A RESOLUTION ON THE STRATEGIC DIRECTION

The Commission postponed the presentation of a resolution on the Department of Public Health Strategic Direction.

Florence Stroud, R.N., M.N., M.P.H., Acting Director, and Department Staff presented the following Department's Strategic Plan: (Details of this Plan are available in the Commission Office).

I. **Context for Change/DPH Strategic Planning**
   A. Context for Change
   B. DPH Strategic Planning

II. Environmental Challenges
- A. Healthcare Reform (Federal)
- B. State Reform (Managed Care)
- C. Local Government
- D. Internal Challenges

III. Implications for Change - Refocusing Our Mission
- A. Implications for Change
- B. Refocusing Our Mission

IV. Strategies for Change
- A. Redefining Essential Functions
  1. Policy/Regulatory
  2. Brokerage/Manage All "Corporate" Resources and Services
  3. Provider Services (by DPH and/or Service Contractors)
- B. Consolidation, Cost Reduction and Productivity Improvement
  1. Consolidation
  2. Cost Reduction
  3. Productivity Improvement
- C. Revenue Enhancement (Three Year Plan)
  1. Adjustments to Financial Reports/Practices
  2. New Additional Claims
  3. New/Enhanced Programs/Revenues
- D. Redefining or Building Partnerships
  1. Union Leadership
  2. DPH Staff and Contractors
  3. University
  4. Community
  5. Other City Departments

V. Commitment and Support Needed
- A. Commitment and Support Needed from Health Commission, Mayor's Office, and Board of Supervisors
- B. In Order to Move Plan Forward
- C. Mobilizing Our People
- D. Deloitte and Touche Services

VI. Next Steps - Strategies for Achieving Plan
- A. Next Steps

Concerns raised by Commissioners:

Commissioner Paras pointed out the main question is what kind of services will be needed for which populations of people in Healthcare Reform. She feels that a community participation process is needed to adopt a refocused Mission Statement. She believes that there are two separate issues in approving a new Mission Statement and approving a Strategic Plan. Part of the Strategic Plan should be a justification of a service delivery system and that an explanation of why the Department needs to exist should be explicit and not implicit. One cannot assume justification for each institution (i.e. - San Francisco General Hospital, Laguna Honda Hospital, District Health Centers).

Commissioner Rosenstiel emphasized the next step is to get outside assistance in restructuring a financial plan and that formulating a business plan should be a participatory process, including the Commission. He raised his concern that what is missing is the concept of a safety net mission. He also feels that a refocused

Mission Statement needs to be considered by the Commission and should be explicit in its changes.

Commissioner Marton commented that the Department is taking courageous steps and functions as advocates for healthcare for the City. He feels this is a rare opportunity to have community participation. He encouraged the Department to bring in consultants as inexpensively as possible.

6.B) PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL STRATEGIC PLAN

Richard Cordova, SFGH Executive Administrator, introduced Diane Miller, SFGH Administrator, who presented the SFGH Strategic Plan, which is a culmination of a 9-month planning process. The presentation outlined the following: (Details of the SFGH Strategic Plan are available at the Commission Office).

A. Summary of the Strategic Assessment

Market Challenge:
The implementation of healthcare reform and Medi-Cal managed care presents SFGH, as well as other hospitals, with significant market challenges.

Cost-Competition:
Even though public hospitals serve a population with complex and special needs, they will not be spared the challenge to compete with other providers on a cost-competitive basis.

Community Provider:
SFGH and DPH are well positioned for their role as the community provider to the eastern portion of the City.

Essential Provider:
SFGH is an essential healthcare provider for people throughout the City without access to care because of social issues, including inability to pay for care or undocumented immigration status. Even with healthcare reform, the City will still have a major responsibility for these patients.

Unique Contributions:
SFGH also makes a number of unique contributions to all populations of the City and County, in clinical programs, medical education and research.

B. Mission, Goals, Strategies and Objectives

The Mission of San Francisco General Hospital is to deliver humanistic, cost-effective, and culturally competent health services to the residents of the City and County of San Francisco.

The goals, each with strategies and objectives, are:

Goal I: Cost-Effective Hospital Choice
To improve the cost-effectiveness and culture of SFGH so that it will be the organization of choice for patients and payors.

Goal II: Integrated System of Services
To provide - directly or in collaboration with other - an integrated system of services to our patient population.

Goal III: Medical Staff
To develop a physician organization and physician-hospital organization that is capable of contracting for and delivering managed/capitated care.

Goal IV: UCSF/CCSF Affiliation
To maintain a synergistic relationship with the University of California for patient care, education and research.

Goal V: Restructuring
To develop an administrative structure to ensure the long-term viability of the organization, with adequate capital resources.

Goal VI: Facilities/Space
To develop and maintain facilities that provide for access, safety, efficient operations and aesthetic acceptability.

Mr. Cordova introduced consultant Susan Corning.

Concerns raised by Commissioners:

Commissioner Paras raised the questions of which populations would use services at SFGH, what would be the configuration of SFGH without trauma, and would trauma criteria be more regional. She raised the same question for psychiatry.

Commissioner Rosenstiel emphasized that although the Commission will not take action today, the Commission should not delay approval of this SFGH Strategic Plan. He expresed his approval of the plan and encouraged his fellow Commissioners to do the same.

7) **PRESENTATION OF PRINCIPLES FOR THE DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1994-95**

This item was deferred to the next Commission meeting.

Commissioner Rosenstiel expressed that there should be some agreement with the Mayor's Office on revenue enhancement and capital.

8) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, "CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION", CONSIDERATION OF SETTLEMENT OF A CLAIM BY DONALD CASSIO ET AL V. LAGUNA HONDA HOSPITAL.**

Action Taken: Commissioners Rosenstiel, Kaufman, Marton, and Paras approved the proposed settlement. Commissioner Jackson had already left the meeting.

Commissioner Marton approved the settlement but expressed his strong personal objections to it. The patient who is the subject of the lawsuit came to Laguna Honda Hospital in a deteriorated condition. Laguna Honda provided the patient with excellent care and the indications are that, if anything, Laguna Honda extended the Patient's life. While Commissioner Marton recognizes the reasonableness of the settlement in order to avoid the inevitable costs of litigation, he wants his vote to reflect only an acknowledgment of that unfortunate financial reality. His vote

is in no way meant to suggest his belief that Laguna Honda provided the patient with anything other than excellent medical care.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-93

DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT RESOLUTION

WHEREAS, the Health Commission wishes to adopt a Mission Statement describing the broad goals and roles of the Department of Public Health to guide planning, budgeting and policy; and

WHEREAS, the following Mission Statement has been proposed by the Department of Public Health:

It is the mission of the San Francisco Department of Public Health to promote and sustain the best possible state of physical and mental health and functioning for all San Franciscans. The Department shall:

- Protect and promote a healthy environment;
- Actively pursue access for all, and the elimination of financial, cultural, linguistic, physical and operational barriers to services;
- Lead the development of financial and human resources and programs, in partnership with communities, consumers, providers, employees and other public and private entities;
- Design and advocate policies, plans, standards and programs to prevent or remediate conditions that threaten the public's health;
- Assess, evaluate, educate and disseminate information regarding conditions that affect the public's health;
- Deliver high quality, cost-effective, personal health services, especially for the poor and others with inadequate access to services, and with priority to those in greatest need;
- Provide and coordinate citywide emergency medical services; and
- Be publicly accountable for the development, design and execution of health policies and programs; now, therefore, be it

RESOLVED, that the Health Commission adopts the Department of Public Health's Mission Statement; and be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 16, 1993.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-94

APPROVING THE AFFILIATION AGREEMENT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND THE UNIVERSITY OF CALIFORNIA

WHEREAS, the affiliation between the City and County of San Francisco and the University of California is over 100 years old; and

WHEREAS, the purchase of services by the City and County of San Francisco from the University of California has become an essential component of the public health and the public health system for the residents of San Francisco; and

WHEREAS, the only written and approved Affiliation Agreement between the City and County of San Francisco and the University of California was a five page document executed in 1959; and,

WHEREAS, the missions of the Department of Public Health and the University of California are complementary and it is within their best interest to fulfill their respective missions through an affiliation; and,

WHEREAS, both the San Francisco Department of Public Health and the University of California desire to continue to develop this partnership in a way that is mutually beneficial to both parties, that is focused on efficient, cost effective management, and the provision of a level and quality of care that would not otherwise be possible, that maximizes third party reimbursement, and that holds the parties accountable to one another and to the public at large; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves this Affiliation Agreement and further recommends it for approval to the Board of Supervisors and the Mayor of the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-94

RECOMMENDING THAT SECTIONS OF THE ADMINISTRATIVE CODE BE REPEALED

WHEREAS, San Francisco Administrative Code Section 19.A.3 authorizes and directs the Director of Public Health to designate space at San Francisco General Hospital in order that the University of California may conduct research projects; and

WHEREAS, San Francisco Administrative Code Section 19.A.11 authorizes the Health Commission and the Purchaser to enter into an agreement with the University of California for the provision of medical and laboratory services at San Francisco General Hospital beginning July 1, 1959; and

WHEREAS, both of these provisions will be superseded by the 1993 Affiliation Agreement between the City and County of San Francisco and the Regents of the University of California; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommends to the Board of Supervisors and the Mayor the City and County of San Francisco that San Francisco Administrative Code Sections 19.A.3 and 19.A.11 be repealed.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

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NOTICE

SPECIAL HEALTH COMMISSION MEETING

Thursday, January 6, 1994
5:00 p.m.
101 Grove Street, Room #302
San Francisco 94102

EXECUTIVE SESSION: (CLOSED) PURSUANT TO GOVERNMENT CODE SECTION #54957, "PUBLIC EMPLOYEE APPOINTMENT" FOR THE POSITION OF DIRECTOR OF PUBLIC HEALTH.

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Thursday, January 6, 1994
5:00 P.M.
at
101 Grove Street, Room #302
San Francisco, CA 94102

1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Arthur M. Jackson, at 5:30 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras
Commissioner Paul A. Rosenstiel

The Commission went into a closed Executive Session to consider the only agenda item:

EXECUTIVE SESSION: (CLOSED) **PURSUANT TO GOVERNMENT CODE SECTION #54957, "PUBLIC EMPLOYEE APPOINTMENT" FOR THE POSITION OF DIRECTOR OF PUBLIC HEALTH.**

The Commission came out of its closed Executive Session at approximately 10:20 p.m. to announce its action.

Action Taken: Commissioners Castaneda, Kaufman, Ludington, Marton, Rosenstiel, and Paras voted to appoint Sandra Hernandez, M.D. as Director of Public Health, effective as of January 10, 1994, with salary to be negotiated between $110,000 - $134,000.

President Jackson voted to appoint Florence Stroud, R.N., M.N., M.P.H.

The Commission issued the attached statement, (Attachment A). The special meeting was adjourned at approximately 10:30 p.m.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

COMMISSION STATEMENT

The Health Commission on January 6, 1994 appointed Sandra Hernandez, M.D., as the new Director of San Francisco's Health Department. Dr. Hernandez, currently serving as County Health Officer and Deputy Director for Community Public Health Services and AIDS for the Department of Public Health, replaces former Director Raymond J. Baxter who recently accepted a position with a prominent Washington, D.C. health consulting firm.

On behalf of the Health Commission, Commission Arthur Jackson praised Dr. Hernandez's ability to lead the Health Department, saying: "Sandra Hernandez has the vision and integrity to lead the City's largest Department during this critical period of sweeping healthcare reform and tremendous fiscal crises on all levels. Not only does she have the toughness and compassion needed to move the Department into the future, but she has also demonstrated the team leadership skills and political acumen necessary to cut through any gridlock and effectuate change. The Health Commission is pleased to have Dr. Hernandez at the helm of our comprehensive, integrated health system, and looks forward to the continued excellence in service for which the Department of Public Health is known."

Mayor Frank Jordan added his support for Dr. Hernandez saying: "The City takes great pride in knowing that a nationwide search found the best candidate right in our hometown. Ours is a city that knows how to take care of its own, just as we have done for AIDS and TB, and the appointment of Dr. Hernandez ensures that this history of innovation continues. Now we can proceed with the Strategic Plan of the Health Department and the fulfillment of its mission: to set health policy, enforce regulations, and ensure basic health services to all San Franciscans."

The Health Commission also expressed gratitude to Acting Director Florence Stroud for solidifying the Department during a difficult transition. "The Commission has enormous respect for Flo Stroud's work in the Department and knows it was her invaluable experience and unquestioned commitment that allowed the Department to function in as smooth a manner as it did over the past year," said Commissioner Jackson. "As Acting Director, Mr. Stroud was able to galvanize the Department in creating a new strategic direction, and, in doing so, made a significant contribution to the future of the Department."

Dr. Hernandez began her service with the Health Department in 1984 at San Francisco General Hospital where she completed her residency in primary care/internal medicine. In 1987 she joined the AIDS Office where she quickly rose to become Director of the AIDS Office. In 1992, she was promoted to the Department's County Health Officer and Deputy Director of Community Health Services and AIDS. She received her education at Tufts University School of Medicine (Doctor of Medicine), and Yale University (Bachelor of Arts).

Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

January 18, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 4, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Update on SFGH Revenues and Expenditures.

(3.2) Consideration of a supplemental appropriation for increase of $1,421,450 in Disproportionate Share transfer payments for fiscal year 1993-94.

(3.3) CHS - AIDS - Modification to the contract with the Support Center, in the amount of $10,900, for a revised contract total of $91,689, to provide additional management training and technical assistance to non-profit HIV service providers, for the period of January 1, 1994 through June 30, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 1992-93).

(3.4) CHS - AIDS - Renewal contract with Regents of the University of California San Francisco/AIDS Health Project, in the amount of $91,720, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93).

(3.5) CHS/AIDS & DMS/CSAS - New contract with the Ark of Refuge, Inc., in the amount of $145,000 to provide outpatient and sober housing services to HIV-positive women for the period of January 1, 1994 through June 30, 1994.

(3.6) DMS - CMHS - Multiyear contract renewal with Bayview Hunter's Point Foundation for Community Improvement, Inc. in the amount of $3,414,445 to provide Mental Health Outpatient, Day Treatment, Outreach and Case Management Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Bayview Hunters Point Foundation for services totaling $7,575,248 in FY 1992-93).

(3.7) DMS - CMHS - Renewal contract with Regents of the University of California - Center on Deafness, in the amount of $278,128 per year to provide outpatient, and case management services to deaf individuals and their families for the period of July 1, 1993 through June 30, 1997. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93 exclusive of the Affiliation Agreement).

(3.8) Approval of a new site for use by the University of California/PACE to provide stimulant treatment outpatient services at 3180 - 18th Street in San Francisco.

4) DIRECTOR'S REPORT

5) ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT

6) PRESENTATION OF A RESOLUTION ON A REFOCUSED DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

7 CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC DIRECTION FOR HEALTHCARE REFORM

8) CONSIDERATION OF PRINCIPLES FOR THE DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1994-95

9) IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROP. Q), HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER'S CONSOLIDATION OF INPATIENT PEDIATRIC SERVICES AT THE PACIFIC CAMPUS (4:00 p.m. Time Specific).

10) CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL BY THE DIRECTOR OF PUBLIC HEALTH ON AN APPLICATION FOR EXTENSION OF CATASTROPHIC ILLNESS STATUS

11) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interes to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to allow individuals with environmental illnesses or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 18, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 4, 1994

Action Taken: The Commission adopted the minutes of January 4, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) Update on SFGH Revenues and Expenditures.

(3.2) Consideration of a supplemental appropriation for increase of $1,421,450 in Disproportionate Share transfer payments for fiscal year 1993-94.

(3.3) CHS - AIDS - Modification to the contract with the Support Center, in the amount of $10,900, for a revised contract total of $91,689, to provide additional management training and technical assistance to non-profit HIV service providers, for the period of January 1, 1994 through June 30, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 1992-93).

Dr. Mitch Katz reported that the AIDS Office is mandating all newly-funded agencies to attend training sessions with the Support Center.

(3.4) CHS - AIDS - Renewal contract with Regents of the University of California San Francisco/AIDS Health Project, in the amount of $91,720, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93).

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(3.8) Approval of a new site for use by the University of California/PACE to provide stimulant treatment outpatient services at 3180 - 18th Street in San Francisco.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Sandra Hernandez, M.D., Director of Public Health)

DIRECTOR'S MESSAGE

- Moving Forward: I want to start off my first meeting as the Director of Health by thanking all of you for your support as a Commission over the last two weeks. I am very excited about this opportunity to work with you and serve our community in this capacity. The charge that you have given me to prepare this Department to fulfill its Mission in the climate of Managed Care and Health Care Reform is a formidable one. The Executive Staff, managers, and staff will work diligently to maneuver this Department into the strategic direction that will maximize the quality of life for San Franciscans.

  I have remained in touch with Flo Stroud and will be meeting with her this week to discuss her ongoing leadership role in public health.

HEALTH COMMISSION

- Appreciation to Outgoing Commissioner: On behalf of the entire Department, I would like to express appreciation to Mr. Paul Rosenstiel for his leadership to the Department of Public Health for the past four years. In various capacities as Vice President, Chair of the Budget Committee, and Chair of Joint Conference Committees, Commissioner Rosenstiel provided expertise in finance and knowledge of the health industry through a period of unprecedented budget cuts, an uncertain health care environment, and changes in City and Department administration. His contributions to the Department of Public Health are very much appreciated and he will be missed.

DPH BUDGET UPDATE

- FY 1994-95 Budget: As was mentioned in the last Director's Report, the estimated Citywide deficit for 1994-95 is $100 million. Late last week, the Department was given an official general fund allocation of $110 million for FY 1994-95 from the Mayor's Office. Currently, the Department receives $120 million in general funds from the City and County. As the Department has done in previous budget negotiations, we will continue to advocate for the preservation of a continuum of accessible, cost-effective and quality health services in 1994-95.

  In addition, we have agreed to proceed with our budget development according to the principles set forth in our document, "Organizational Restructuring for Health Care Reform" and the Mayor's budget instructions. Specifically, the Mayor's budget office will allow the Department to keep new revenues and reinvest them within our Department consistent with a business plan. This will create an incentive base on which we will seek to finance capital, the information system, and other infrastructure needs. In preparing the 94-95 budget, the Department will:

  - vigorously pursue new revenues from SB 910 and the designation of seven district health centers as FQHC-qualified;
  - accurately delineate and aggressively seek to contain and avoid increased costs as a result of growth in the 1993-94 baseline budget (our current cost increases are estimated to be $21 million);
  - adopt recommendations from administrative work groups to consolidate and streamline operations (pharmacy, materials & supplies, contracts, laundry, and dietary);
  - investigate the feasibility and fiscal impact of contracting out some DPH functions; and
  - develop a work plan to review the potential to begin a phased internal reorganization to create a horizontally integrated delivery system for services and operations.

  Given this strategy, the Department has amended the 1994-95 principles to be consistent with this direction. The revised principles will be discussed later on today's agenda.

STATE BUDGET UPDATE

- Governor's Proposed 1994-95 Budget: On January 7, the Governor issued his proposed 1994-95 budget. The Governor is proposing a $38.8 billion general fund budget for 1994-95. Reductions to Health and Welfare amount to $3.5 billion (or 25.9% from the 1993-94 level).

  While the Governor states the proposed budget is revenue-neutral (i.e., no increased costs to the counties), his budget assumes receipt of $3 billion from the federal government to cover the costs of providing various services to illegal immigrants. If these funds do not materialize, the State budget will be out of balance and additional cuts may be necessary. The Governor's budget also assumes that the State will be successful in increasing the Federal Medical Assistance Percentage from 50% to 54.4%. This is estimated to increase revenues by $446.6 million. In addition, the proposed budget is predicated on the State prevailing in some key pending court cases.

The Governor proposes to "realign" remaining health and social service programs in 1994-95. Counties will be expected to pick up increased costs in Medi-Cal and other social service programs. In order to meet these increased responsibilities, the State will provide counties with a one cent sales tax revenue stream. The one cent is made up of the existing 1/2 cent realignment sales tax plus an additional 1/2 cent which will be diverted from the State general fund to the counties.

The following proposals will directly impact the Health Department:

- County required to pay 11.5% of the State's share of Medi-Cal cost to public and private/non-profit health care facilities and physicians -- $18 million (additional realignment funds will be used to cover this cost)

- County assumes fiscal responsibility over remaining state substance abuse programs -- $5 million (additional realignment funds will be used to cover this cost)

- Elimination of nine Medi-Cal optional benefits (acupuncture, adult dental, chiropractic, independent rehabilitation, medical supplies, non-emergency medical transportation, podiatry, psychology and speech and audiology) -- $1 to $5 million

- Elimination of optional prenatal care for undocumented mothers (monies to be transferred to the AIM program) -- Unclear; $92 million statewide savings estimated

- Retention of current Prop 99 funded programs for another two years -- Unclear; proposed 20% reduction in Department of Health Service expenditures funded by Prop 99

- Elimination of the MOE requirement for Prop 99 funds -- No fiscal impact; DPH is no longer at risk of losing these funds if health care expenditures fall below a certain level

The Governor is also proposing to expand several state programs to improve the health status of Californians. They are the following: (1) childhood immunizations, (2) tuberculosis, (3) women's health, (4) perinatal expansion, (5) early mental health for at-risk children. Although the Governor is proposing expansion of these programs, he is also proposing significant reductions in social service programs. These reductions include reduced AFDC aid payments, limited SSI/SSP eligibility for persons with drug and alcohol abuse, and no increased AFDC funding for women who have additional children while on welfare.

While the Department cannot quantify the impact of these proposed changes, they will undoubtedly have an impact on the health status of DSS recipients. The Department will keep the Commission informed of any changes in the Governor's proposed 1994-95 budget as they unfold.

MAYOR'S HEALTH CARE TASK FORCE

- Update: President Jackson, Commissioner Kaufman and I met last week with the Mayor's Health Care Task Force. The Mayor's budget staff and Supervisor Leal were in attendance. I have been asked to review the mission and objectives of the Task Force and present a more specific role

for it at the next meeting on February 17. It is my intent to use this forum to keep the Mayor's budget staff and Board of Supervisors abreast of our short-term and long-term planning.

PUBLIC HEARING

- Public Health Initiatives: Under the direction of Commissioner Paras, the Commission is planning to host a public hearing on Public Health Initiatives under Health Care Reform. Dr. Philip Lee, Assistant Secretary to Health and Human Services, will be the featured guest. The hearing is scheduled for Friday, January 28 from 2:30 - 5:00 pm in the Board of Supervisors' Chambers. This hearing is meant to further educate the health care community and civic leaders, including labor, on this part of the reform plan. Also that day, Dr. Lee will be meeting with city officials and representatives of the medical community.

  Note: Due to the fact that Dr. Philip R. Lee has been requested by Donna Shalala, Secretary of Health and Human Services, to accompany her on Friday, January 28, 1994 to address the public health problems in Los Angeles as a result of the recent earthquake, all sessions on January 28, 1994 with Dr. Lee in San Francisco have been cancelled. A future hearing will be rescheduled.

SAN FRANCISCO GENERAL HOSPITAL

- Mayor's Visit to AIDS Service: Mayor Jordan visited San Francisco General Hospital on January 11 for a tour of the AIDS Clinic, inpatient AIDS unit, and outpatient transfusion center. I participated in the luncheon and tour along with Mr. Richard Cordova, Dr. Mitch Katz, Dr. Merle Sande, Dr. John Stansel, and approximately 20 other health care providers.

  The Mayor stressed his commitment to San Francisco General Hospital as an important service to the citizens of San Francisco and recognized the outstanding clinical contributions of the hospital, particularly AIDS services. He indicated the need for the hospital to become more cost effective to enhance SFGH's role in managed care.

COMMUNITY PUBLIC HEALTH SERVICES

- Acting Deputy Director of Health/CPHS: I have appointed Robert Prentice, Ph.D., Director of Community Oriented Primary Care (COPC) to serve as Acting Deputy Director of Health for Community Public Health Services.

- Update on Heating Problems at Health Center #1: After being without heat on January 3-4, as was reported to you at the last Health Commission meeting, Health Center #1 was again without heat on January 10-11. With reduced staffing, clinical services have been maintained; however, these recurring problems are, at a minimum, an inconvenience to patients and staff.

  Although an overhaul of the heating and ventilation system is scheduled to begin as soon as the competitive bid process for a contractor is completed, we still must get by until then. The Department of Public Works has agreed to have a stationary engineer go to the health center every day to check for and correct any problems that might arise. In consultation with DPW staff, the management team at Health Center #1 has also developed contingency plans to use portable heaters to warm a portion of the building in the event that the heating system fails again, although that would probably entail reduced clinical services. We are hopeful that we will not have to put that plan into action.

This is but one of a number of problems the Department will be addressing through a series of capital projects in the health centers during the coming months. (For example, only the absence of significant rainfall over the past couple of months has prevented a recurrence of severe leaks in the roof at Health Center #4, which shorted out the intercom system in early November). Beginning later this month, the heating and ventilation systems at Health Centers #1, #2, and #3 will be upgraded and roofs will be repaired at Health Centers #3 and #4. In addition, Health Centers #1, #2, #3 and City Clinic will be leaving what Vice President Gore might call the "Information Dirt Road" when the rotary dial phones are finally replaced.

These capital projects only underscore the vital importance of attention to the most basic infrastructure as the Department prepares for managed care.

- Update on Sex Clubs: The Commission was previously informed that three of the four establishments that were not adhering to safe sex standards had corrected the violations. We explained that the AIDS Office would move forward to close the fourth establishment known as the Church of the Secret Gospel if they did not adhere to the guidelines.

  On December 22, under my authority as County Health Officer, the Church of the Secret Gospel was abated as a public nuisance. They are forbidden from advertising or operating any kind of business at their premises. The AIDS Office has confirmed that the establishment has remained closed.

- Dental Director Retirement: Nemesio "Nick" Paredes, D.D.S., Director of Dental Services has announced his retirement, effective January 29, 1994 after 20 years of service with the Department of Public Health. Dr. Paredes began his service on a part-time basis as a dentist at Health Center #3 in 1971 while continuing as a part-time associate professor of dentistry at the University of Pacific Dental School.

  In 1985, Dr. Paredes was named Acting Director of Dental Services and appointed as permanent Director in 1991. Over the years, as State funding for dental programs has eroded, Dr. Paredes has been a voice of advocacy with the UCSF and UOP Dental Schools, as well as the Dental Society. We wish Dr. Paredes well as he begins a well deserved retirement. A farewell reception is being scheduled and the Commission will be invited to attend.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Northeast Lodge: The Northeast Lodge is a 25-bed transitional residential treatment facility for mentally ill individuals operated through contract by California Pacific Medical Center. This program is currently undergoing review by Cal Pac due to growing liabilities of cost, staff turnover, substandard facility, and historical funding instability. Cal Pac Community Services Management has initiated discussions with DMS to review various options to address the many issues posed by this program. During this period, census has been reduced to approximately 15. DMS will work closely with Cal Pac management to explore options and assist in retaining as much capacity and services as possible during this process. Client care will be monitored to insure continued quality and continuity of care.

- Target Cities: The first official meeting of the San Francisco Target City Policy Advisory Board was convened by CSAS on January 13, 1994. Federal (Center for Substance Abuse Treatment) and State (Department of Alcohol and Drug Programs) officials are part of this collaborative project and conducted a 3 day site visit to take part in this first meeting. I serve as a member of the Target City Policy Advisory Board.

  The committee is reviewing draft bylaws whose purpose is to provide project oversight and guide and review policies that result in systemic change. The changes are to improve the delivery, accessibility and effectiveness of addiction treatment and recovery services throughout San Francisco, and foster coordination among programs. State and federal officials made positive observations that this project was "way ahead of other cities in terms of collaboration and cooperation with diverse communities", "could well become the best in the nation". The strength of the project was clearly seen as the planning and community involvement and interdepartment collaboration.

  The San Francisco Target City Project brings in more than $11 million dollars (over a 5 year period) in resources to provide a centralized intake system with linkages to criminal justice and health care services and insures that target groups such as racial and ethnic minority groups, women, women with children, adolescents, homeless, public inebriates, clients with mental health problems (dual diagnosis), individuals with HIV disease or at risk for HIV, sexual minorities, individuals who are involved in the juvenile and adult justice system, the elderly, and individuals with disabilities are well served by the Target City project.

  Self Helpers Graduate: The first class of 5 Consumer Specialists and 2 Family Specialists was honored at a standing-room only graduation ceremony on Friday evening, January 7, 1994. The specialists, who are all consumers or family members themselves, successfully completed an intensive 100-hour training program directed by the Office of Self Help. These new graduates will soon be going out into the clusters to begin providing services to consumers and family members. We consider this accomplishment a significant step in the ongoing development of a consumer-friendly and cost-effective approach to client support services.

  The graduates are: Consumer Specialists - Jorge Jimenez, Robert Krelle, Kam Yuet Kwong, Greg Lewis, and Tonia Renee Richardson; Family Specialists - Amelia Morgan and Tracie L. Pyers.

DECEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 12/31/93)

Total San Francisco cases:	18,449
Total San Francisco deaths:	11,774
Total S.F. cases for December:	243*
Total S.F. deaths for December:	125

*Includes 197 cases meeting the new definition of AIDS. Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	287
Newborn Nursery:		20
Actual Patient Days	(except newborns):	8,886
Newborn Nursery:		606
Admissions	(except newborns):	1,531
Newborn Nursery:		136
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	8,541
Newborn Nursery:		569
Discharges	(except newborns):	1,510
Newborn Nursery:		135

SFGH Outpatient Visits

Primary Health	
Family Health:	2,698
General Medicine:	1,788
Pediatric:	2,863
OB/GYN:	2,393
Specialty Clinics:	8,440

Non-admit Emergency Visits

Emergency Room:	4,872
Psychiatric Emergency Services:	337
Psychiatric Emergency Consults:	104

- Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	9
Clarendon Hall:	165
AIDS/Hospice SNF:	25

- Mental Health

SFGH/Acute Psychiatric Beds:	76
(13 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	4

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,104
Health Center #2:	444
Health Center #3:	704
Health Center #4:	973
Health Center #5:	834
Tom Waddell Clinic:	2,802
Potrero Hill Health Center:	544
Southeast Health Center:	498
Special Programs for Youth:	1,991
TOTAL VISITS:	9,894

Disease Control

TB Clinic:	1,718
City Clinic:	1,417

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 1/01/94			Year-to-Date		
	1991	1992	1993	1991	1992	1993
AIDS*	142	140	272**	2051	1866	4806**
Campylobacteriosis	57	51	49	788	695	625
Giardiasis	29	21	32	314	256	347
Hepatitis A	42	41	30	384	379	220
Hepatitis B	10	5	7	80	75	75
Salmonella	22	24	11	198	213	200
Shigella	22	15	19	274	328	245
TB	34	37	30	336	355	356
Gonorrhea	292	304	217	3377	2814	2206
Syphilis	46	11	12	675	329	149

* Resident cases only.
** Includes cases meeting 1993 definition of AIDS.

5) ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT

Commissioner Marton nominated Commissioner Arthur Jackson for President. Commissioner Kaufman seconded the nomination.

Action Taken: The Commission unanimously elected Commissioner Arthur Jackson as President, his second term, for 1994.

Commissioner Castaneda nominated Commissioner Margel Kaufman for Vice President. Commissioner Paras seconded the nomination.

Action Taken: The Commission unanimously elected Commissioner Margel Kaufman as Vice President for 1994.

6) PRESENTATION OF A RESOLUTION ON A REFOCUSED DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

This item was deferred to the February 1, 1994 Commission meeting.

Commissioner Paras requested the Department to have community participation in revising its Mission Statement.

The proposed revised Mission Statement is Attachment A.

7) CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC DIRECTION FOR HEALTH CARE REFORM

Dr. Hernandez pointed out that the resolution incorporates the San Francisco General Hospital Strategic Plan into the overall Department's strategic direction. She will bring to the Commission for consideration specific policies within the Department of Public Health Strategic Direction.

Action Taken: The Commission unanimously adopted Resolution #4-94 on the Department of Public Health Strategic Direction for Health Care Reform. (Attachment B).

8) **CONSIDERATION OF PRINCIPLES FOR THE DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1994-95**

Monique Zmuda, Acting Budget Director, reported to the Commission the Department will bring the DPH FY 1994-95 Proposed Baseline Budget to the Commission at its second meeting in February, with the goal of submitting the Department's Budget to the Mayor by March 1, 1994.

Commissioner Paras expressed her concerns on the proposed budget principles and requested the Department to consider these concerns:

a) in cutting programs, look at impact on specific communities (i.e. - cutting a program may be the only program for a specific community); and

b) look at the impact on cultural competency.

Action Taken: The Commission unanimously approved the Budget Principles for FY 1994-95. (See attachment C).

9) **IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROP. Q), HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER'S CONSOLIDATION OF INPATIENT PEDIATRIC SERVICES AT THE PACIFIC CAMPUS** (4:00 p.m. Time Specific).

Mary Powell, Vice President of Public Policy and External Affairs of California Pacific Medical Center, introduced the following persons to describe CPMC's consolidation of inpatient pediatric services at the Pacific Campus:

Kenneth Cox, M.D., Chairman, Dept. of Pediatrics
Penny Holland, R.N., Sr. Vice President, Patient Care Services
Raymond Fay, M.D., Chairman, Dept. of Urology
David Tejeda, M.D., Director, Pediatric Ambulatory Services
Hillary Frugoli, Nursing Director for Pediatrics

Public Speakers supporting the consolidation:

Nathan Nayman, Hospital Council
Stephanie Wald, Jordan Park Neighborhood Association

President Jackson reported that at the February 1 Commission meeting, the Commission will determine whether the consolidation will or will not have a detrimental impact on health care service of the community.

10) **CONSIDERATION OF AN APPEAL TO THE HEALTH COMMISSION OF DENIAL BY THE DIRECTOR OF PUBLIC HEALTH ON AN APPLICATION FOR EXTENSION OF CATASTROPHIC ILLNESS STATUS**

Mr. Ed Gazzano, Personnel Director, and Dr. Fran Taylor, the Department's Catastrophic Illness Program physician, presented information on the history and process of this applicant's appeal to the Commission on the denial of an extension of catastrophic illness status. The hearing on this appeal is in accordance with the San Francisco Administrative Code Section 16.9-29(d)(5).

For confidentiality purposes, this applicant is referred to as "Applicant's Extension was submitted on November 1, 1993."

Action Taken: The Commission unanimously denied the appeal and supported the Department's denial for the third extension of catastrophic illness status on the basis that the applicant's medical condition can no longer be considered a life-threatening condition.

11) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Juan Oyarzun, Social Services Commissioner and Drug Advisory Board Member, promoted health prevention education and invited the Health Commission to work together with the Social Services Commission.

12) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

PROPOSED

MISSION STATEMENT
RESOLUTION

WHEREAS, the Department of Public Health must reorganize into a comprehensive, integrated, cost-effective service delivery system that focuses on prevention, primary care, and chronic/long-term care; and,

WHEREAS, the Department of Public Health must develop an incentive-based, a performance-oriented, risk sharing system of care that forges new mutually beneficial partnerships with city government, the University of California San Francisco, labor, consumers, providers and competitors; and,

WHEREAS, the Department of Public Health must re-engineer our values and structures to be consumer/"customer"-responsive in a restructured financial relationships to minimize cost to the City; and,

WHEREAS, the following refocused Mission Statement has been proposed by the Department of Public Health to meet the challenges of a managed care environment:

> It is the mission of the San Francisco Department of Public Health to set health policies, enforce regulations and ensure provision of basic health services which promote the best possible state of physical and mental health for all San Franciscans. The Department shall:
>
> - promote a healthy environment through ongoing surveillance and assessment of the community's health;
> - adopt policies and standards and disseminate information that protects and promotes the public's health;
> - ensure equal access to all; and
> - ensure provision of a cost-effective continuum of essential health services; now, therefore be it

RESOLVED, that the Health Commission adopts the Department of Public Health's refocused Mission Statement; and, be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements.

DPH STRATEGIC DIRECTION FOR HEALTHCARE REFORM
Resolution

WHEREAS, the Department of Public Health is at a major crossroads in its history, and state and national healthcare reform are moving forward at an aggressive pace; and

WHEREAS, the Department of Public Health must respond quickly and proactively to "re-tool" to meet the challenges of a managed care environment, and flexibility to change will be crucial to the Department's ability to survive and be competitive under a Medi-Cal managed care system; and

WHEREAS, the Department of Public Health has three essential functions: policy and regulatory, brokerage/management of resources, and provider services; and has developed a strategic direction for multi-year planning which will guide our reorganization into a comprehensive, integrated, cost-effective service delivery system that includes consolidation, cost reduction, productivity improvement, and revenue enhancement; and

WHEREAS, the Department has developed a plan to forge new partnerships with employee organizations, staff and contractors, UCSF, community advisory committees, business groups, other city departments, and the San Francisco community in order to support its strategic direction; and

WHEREAS, San Francisco General Hospital has developed a strategic plan that includes an assessment of current services in a changing health care environment including goals for providing cost-effective integrated services in a managed/capitated care system that will be incorporated into the Department of Public Health's strategic direction for healthcare reform; and

WHEREAS, in order to maintain the financial viability of the Department's service delivery system and fulfill the Department's mission, commitment and support are needed from the Health Commission, the Mayor's Office, the Board of Supervisors, and the Mayor's Health Care Task Force to further develop the multi-year strategic direction and a revenue-sharing agreement while reducing reliance on the general fund; now, therefore be it

RESOLVED, that the Health Commission approves the Department of Public Health's strategic direction to develop a three-year business plan that conducts market assessment, and based on this assessment will implement consolidation and infrastructure improvements required to maintain a competitive position, develops a marketing strategy for the plan, and considers changes in our governance structure that are compatible with this strategic direction.

TO: Arthur Jackson, President and
Members of the Health Commission
FROM: Sandra R. Hernandez, M.D. /SRH
Director of Public Health
RE: Revised 1994-95 Budget Principles
DATE: January 13, 1994

Below are the Department's revised 1994-95 budget principles which will be used to guide Executive Staff and Program Managers in the development of the budget. As mentioned previously, the principles are based on the Department's proposed strategic direction which focuses on the Department's ability to successfully compete in Managed Care and to implement organizational restructuring. The revisions reflect the Department's new strategy for the development of its 1994-95 budget.

REVENUE ENHANCEMENTS

- Develop a business plan for re-investing new revenues based on Deloitte and Touche recommendations and the Mayor's budget instructions
- Aggressively preserve revenues which in part subsidize services to the indigent
- Use grant revenues to reduce the use of general fund (where legally feasible)
- Reduce SFGH decertified days
- Develop new revenue estimates based on actual claim history and maximize revenues via legislative changes for billing enhancement (FQHC, SB 910 and Children's Medi-Cal waiver)

ADMINISTRATIVE/OPERATING EFFICIENCIES

- Aggressively seek to contain growth in 1993-94 baseline budget
- Reduce administrative costs in proportion to what is necessary to maintain essential services
- Adopt recommendations of administrative work groups to eliminate duplication of functions (i.e., consolidation)
- Contract out services and/or functions where a cost benefit margin is significant
- Develop a work plan to create a horizontally integrated delivery system for services and operations
- Improve MIS capability, particularly regarding Managed Care (may require increased funding)

SERVICE PROVISION

- Preserve mandated and basic public health services (e.g., Children's Prop J)
- Emphasize primary, prevention and lower-cost early intervention care to prevent illness, acute hospitalization and long-term institutionalization
- Preserve long-term care in order to reduce expensive acute care

(415) 554-2600 101 Grove Street San Francisco, CA 941

- Ensure provision of cost-effective continuum of essential health services
- Preserve services to most vulnerable clients while trying to minimize reductions that discharge clients to the streets
- Improve payor mix of acute care and institutional services to offset services to indigents
- Preserve ability to compete successfully in Managed Care
- Reduce or eliminate funding for underproductive programs and/or non-core services as necessary to accommodate our general fund allocation

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
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CITY AND COUNTY OF SAN FRANCISCO

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Department of Public Health

Florence Stroud, RN, MN, MPH
Acting Director

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Tel.: (415) 554-2666

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NOTICE

COMMUNITY HEALTH CARE PLANNING ORDINANCE HEARING

ON

CONSOLIDATION OF INPATIENT PEDIATRIC SERVICES AT THE PACIFIC CAMPUS OF THE CALIFORNIA PACIFIC MEDICAL CENTER

Tuesday, January 18, 1994
4:00 p.m.
101 Grove Street, Room #300
San Francisco 94102

NOTICE

COMMUNITY HEALTH CARE PLANNING ORDINANCE HEARING

ON

CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN

Tuesday, February 1, 1994
4:00 p.m.
101 Grove Street, Room #300
San Francisco 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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City and County of San Francisco

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NOTICE

SPECIAL PUBLIC HEARING

ON

THE IMPACT OF NATIONAL HEALTHCARE REFORM
ON THE HEALTH OF THE PEOPLE OF THE CITY AND COUNTY
OF SAN FRANCISCO

Friday, January 28, 1994
at 2:30 - 5:00 p.m.
Board of Supervisors Chambers
400 Van Ness Avenue, 2nd. Floor
San Francisco, CA 94102

Presentation by Dr. Philip R. Lee, Assistant Secretary for Health and Human Services.

Agenda to follow.

1/14/94

(415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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NOTICE

CANCELLATION OF SESSIONS WITH
DR. PHILIP R. LEE,
ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES

FOR FRIDAY, JANUARY 28, 1994

Due to the fact that Dr. Philip R. Lee has been requested by Donna Shalala, Secretary of Health and Human Services, to accompany her on Friday, January 28, 1994 to address the public health problems in Los Angeles as a result of the recent earthquake, all sessions with Dr. Lee in San Francisco have been cancelled. We regret any inconvenience.

A future notice will be sent for a rescheduled visit from Dr. Lee.

(415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

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HEALTH COMMISSION
Department of Public Health
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Keith I. Marton, M.D., F.A.C.P.
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Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
February 1, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JANUARY 6, 1994 AND THE REGULAR MEETING OF JANUARY 18, 1994**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(3.1) CHS - AIDS - New contract with Haight Ashbury Free Medical Clinics, Inc., in the amount of $625,000, for the provision of HIV/AIDS prevention outreach services, for the period of Certification through December 31, 1994. (DPH contracted with Haight Ashbury for services totaling $5,113,238 in FY 1992-93).

(3.2) CHS - AIDS - New contract with National Task Force on AIDS Prevention serving as the fiscal agent for Aguilas, in the amount of $120,000 to provide HIV/STD prevention intervention strategies for the Latino gay and bisexual community, for the period of March 1, 1994 through June, 30, 1995. (DPH contracted with National Task Force for services totaling $219,045 in FY 1992-93).

(3.3) CHS - AIDS - New contract with STOP AIDS Project, Inc., in the amount of $151,427, for the provision of HIV/AIDS prevention services to young gay and bisexual men, for the period of January 15, 1994 through June 30, 1994.

PLEASE NOTE: THE REGULAR FEBRUARY 15, 1994 HEALTH COMMISSION MEETING IS BEING POSTPONED TO FEBRUARY 22, 1994.

(3.4) CHS - AIDS - Renewal contract with California Pacific Medical Center Visiting Nurses and Hospice, in the amount of $1,387,380, to provide intermittent home care and AIDS hospice care to persons with HIV disease, as well as home care to medically indigent adults of San Francisco, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with CPMC for services totaling $10,009,333 in FY 92-93).

(3.5) DMS - CMHS - Multiyear contract renewal with Westside Community Mental Health Center, Inc., in the amount of $2,200,484 per year to provide mental health outpatient, adolescent partial day, case management, outreach, Psychiatric Emergency Outpatient Services and AIDS Residential Care for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Westside Community Mental Health for services totaling $3,781,615 in FY 1992-93).

(3.6) DMS - CMHS - Multiyear contract renewal with Edgewood Children's Center in the amount of $685,411 per year to provide day treatment services, subacute day treatment, respite program and school-based intervention programs for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Edgewood Children's Center for services totaling $640,770 in FY 1992-93).

(3.7) DMS - CMHS - Renewal contract with Regents of the University of California - SFGH, Department of Psychiatry, in the amount of $1,385,919 per year to provide outpatient, case management, and outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93, exclusive of the Affiliation Agreement).

(3.8) DMS - CSAS - A cooperative agreement with the State of California, Department of Rehabilitation to provide vocational rehabilitation services to persons recovering from substance abuse for the term July 1, 1993 through June 30, 1994. (DPH contracted with State of California Dept. of Rehabilitation for services totaling $44,235 in FY 1992-93)

(3.9) SFGH - Patient Finance - Renewal contract with HHL Financial Services, Inc., to provide an Uncompensated Care Recovery Program at San Francisco General Hospital (SFGH), for the period of January 1, 1994 through December 31, 1994. (DPH contracted with HHL for services totaling $364,905 in FY 1992-93).

(3.10) SFGH - MIS - Modification of contract with Shared Medical Systems Corp. in the amount of $200,000 to provide software and hospital information systems consulting services from February 15, 1994 through December 31, 1994. (DPH contracted with Shared Medical Systems Corp. for services totaling $230,000 in FY 1992-93)

(3.11) CHS - Toxics - Three contract modifications to provide additional asbestos building survey services:

1. Clayton Environmental Consultants for an increased contract amount not to exceed $250,000 for the period of February 15, 1994 through February 28, 1995.
2. H+GCL for an increased contract amount not to exceed $250,000 for the period of February 15, 1994 through February 28, 1995.
3. SCA Environmental Corp. for an increased contract amount not to exceed $262,594 for the period of December 15, 1993 through February 28, 1995.

4) DIRECTOR'S REPORT
(Sandra R. Hernandez, M.D., Director of Public Health)

5) IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP. Q), CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER THE CONSOLIDATION OF INPATIENT PEDIATRICS SERVICES AT THE PACIFIC CAMPUS OF CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

6) IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP Q) HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN (Time Specific: 4:00 p.m.)

7) CONSIDERATION OF A RESOLUTION ON A REFOCUSED DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

8) UPDATE ON THE MENTAL HEALTH FACILITY AT SAN FRANCISCO GENERAL HOSPITAL

9) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to allow individuals with environmental illnesses or multiple chemical sensitivity to attend the meetings, individuals are requested to refrain from wearing perfume or other scented products.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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2
2/1/94

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Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, ~~February 1, 1994~~
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JANUARY 6, 1994 AND THE REGULAR MEETING OF JANUARY 18, 1994

Action Taken: The Commission adopted the minutes of January 6, 1994 and January 18, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) CHS - AIDS - New contract with Haight Ashbury Free Medical Clinics, Inc., in the amount of $625,000, for the provision of HIV/AIDS prevention outreach services, for the period of Certification through December 31, 1994. (DPH contracted with Haight Ashbury for services totaling $5,113,238 in FY 1992-93).

These services are street-based prevention services. Commissioner Castaneda inquired about the process for evaluating or monitoring these services. The Department is working on this.

(3.2) CHS - AIDS - New contract with National Task Force on AIDS Prevention serving as the fiscal agent for Aguilas, in the amount of $120,000 to provide HIV/STD prevention intervention strategies for the Latino gay and bisexual community, for the period of March 1, 1994 through June, 30, 1995. (DPH contracted with National Task Force for services totaling $219,045 in FY 1992-93).

(3.3) CHS - AIDS - New contract with STOP AIDS Project, Inc., in the amount of $151,427, for the provision of HIV/AIDS prevention services to young gay and bisexual men, for the period of January 15, 1994 through June 30, 1994.

The Board of this agency will increase its size to 15 and has added two Latino representatives.

(3.4) CHS - AIDS - Renewal contract with California Pacific Medical Center Visiting Nurses and Hospice, in the amount of $1,387,380, to provide intermittent home care and AIDS hospice care to persons with HIV disease, as well as home care to medically indigent adults of San Francisco, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with CPMC for services totaling $10,009,333 in FY 1992-93).

The Board of this agency needs to continue diversifying its Board composition. Mary Powell, Assistant Vice President of California Pacific Medical Center, reported that the Board is committed to address this issue by the end of 1994.

(3.5) DMS - CMHS - Multiyear contract renewal with Westside Community Mental Health Center, Inc., in the amount of $2,200,484 per year to provide mental health outpatient, adolescent partial day, case management, outreach, Psychiatric Emergency Outpatient Services and AIDS Residential Care for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Westside Community Mental Health for services totaling $3,781,615 in FY 1992-93).

(3.6) DMS - CMHS - Multiyear contract renewal with Edgewood Children's Center in the amount of $685,411 per year to provide day treatment services, subacute day treatment, respite program and school-based intervention programs for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Edgewood Children's Center for services totaling $640,770 in FY 1992-93).

(3.7) DMS - CMHS - Renewal contract with Regents of the University of California - SFGH, Department of Psychiatry, in the amount of $1,385,919 per year to provide outpatient, case management, and outreach services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93, exclusive of the Affiliation Agreement).

Commissioner Paras requested the Contracts Office to disseminate to Division Heads the Commission's policy on when and how to RFP a renewal contract.

Public Speaker: John O'Brien

(3.8) DMS - CSAS - A cooperative agreement with the State of California, Department of Rehabilitation to provide vocational rehabilitation services to persons recovering from substance abuse for the term July 1, 1993 through June 30, 1994. (DPH contracted with State of California Dept. of Rehabilitation for services totaling $44,235 in FY 1992-93)

(3.9) SFGH - Patient Finance - Renewal contract with HHL Financial Services, Inc., to provide an Uncompensated Care Recovery Program at San Francisco General Hospital (SFGH), for the period of January 1, 1994 through December 31, 1994. (DPH contracted with HHL for services totaling $364,905 in FY 1992-93).

(3.10) SFGH - MIS - Modification of contract with Shared Medical Systems Corp. in the amount of $200,000 to provide software and hospital information systems consulting services from February 15, 1994 through December 31, 1994. (DPH contracted with Shared Medical Systems Corp. for services totaling $230,000 in FY 1992-93)

Commissioner Paras has requested the Department to present a status report on the MIS Plan.

(3.11) CHS - Toxics - Three contract modifications to provide additional asbestos building survey services:

1. Clayton Environmental Consultants for an increased contract amount not to exceed $250,000 for the period of February 15, 1994 through February 28, 1995.
2. H+GCL for an increased contract amount not to exceed $250,000 for the period of February 15, 1994 through February 28, 1995.
3. SCA Environmental Corp. for an increased contract amount not to exceed $262,594 for the period of December 15, 1993 through February 28, 1995.

(3.12) Consideration of a multiyear contract renewal with Family Service Agency of San Francisco in the amount of $3,443,500 to provide partial day, outpatient, case management and outreach services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Family Service Agency for services totaling $3,084,475 in FY 1992-93).

Commissioner Paras raised concerns on the quantity of work by the Japanese mental health program and the monitoring report of the Family Service Agency.

Jeff Jue, DMS Deputy Director, reported that as a follow-up, quarterly reports of the Family Service Agency will be provided to the Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Marton abstained from #3.4.

President Jackson announced that there will be a rescheduled session with Dr. Philip Lee, Assistant Secretary for Health and Human Services, for Friday, February 18, 1994 from 2:00 p.m. to 5:00 p.m. in the Board of Supervisors Chambers in City Hall. He will make a presentation on the Impact of National Health Care Reform and the Public Health Initiatives on the People of the City and County of San Francisco. This will be a public hearing sponsored by the Health Commission.

On behalf of the Commission, President Jackson made a special presentation to Dr. Nick Paredes, DDS, upon his retirement (20 years with the Department). Over the years, as State funding for dental programs has decreased, Dr. Paredes has been a strong advocate with UCSF and UOP Dental Schools, as well as the Dental Society.

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

BUDGET UPDATE

- FY 1994-95 Budget Instructions: On January 24, 1994 the Mayor's Office officially notified the Department that it would receive a standardized general fund allocation of $110 million for fiscal year 1994-95. The Mayor's Office did, however, place a caveat on this allocation given the uncertainties surrounding the state budget. If the Governor's proposed budget is revised in such a way as to negatively impact the San Francisco budget, the Mayor's Office may have to reconsider the Department's allocation during the budget process.

  In the area of service provision, the Mayor's Office provided the Department with the following list of Mayoral priorities in the area of public health:

  - Maintenance of all community health clinics;
  - Expansion of substance abuse treatment and prevention programs, and mental health services for homeless persons;
  - Retention of the current 1,080 beds at Laguna Honda Hospital.

  In its letter to the Department, the Mayor's Office reiterated that the Department should implement cost-savings mechanisms, consolidate duplicative administrative functions and contract out if significant cost efficiencies can be realized. The Mayor's Office also reemphasized its interest in having departments leverage additional federal and state funds. The Department has consistently leveraged federal and state funds for public health services and the Department is in the process of identifying new revenues that it might receive in fiscal year 1994-95. The Mayor's Office will implement a new procedure in the 1994-95 to allow departments to reinvest new revenues to fund one-time capital expenditures. The Department intends to submit a business plan to use any new revenues for existing and upcoming infrastructure needs.

  Finally, citywide, the Mayor's Office has asked departments to scrutinize all contracts with non-profit service providers to ensure a high level of service is provided to the communities served. Departments are requested to make every effort to evaluate existing programs and redirect funds to programs determined to be effective.

  In order to decrease duplicative services that may be provided by contracts with more than one city department, the Mayor's Office will establish an interdepartmental working group to consolidate multiple contracts. The Mayor's Office has requested a substantial amount of information on every contract. Compiling this information will be a major undertaking, since the Department of Public Health has approximately 400 service contracts. The Department is proceeding to gather as much of this information as possible by the March 1, 1994 deadline.

- Zero-Based Budgeting: Recently, the Mayor's Office announced that it would implement a new procedure called "zero-based budgeting" to analyze department budget proposals for fiscal year 1994-95. This procedure will be required for all of the City's large departments. Harvey Rose,

the Board of Supervisor's budget analyst, will release the details of the requirements for zero-based budgets very shortly.

Zero-based budgeting will require departments to justify all budget requests starting with an allocation of zero dollars and justifying all expenditures up to its total budget request. In order to justify budgets under zero-based budgeting, departments will have to provide the Mayor's Office with service priorities, target populations and productivity standards.

The Department's strategic direction is based on a similar concept of zero-based planning. Under this strategy, the Department proposes to completely reevaluate the current array of services to determine which services are necessary to: (1) maintain the Department's survival in a managed care environment, and (2) to maintain a healthy population. The Department, the Mayor's Office and the Board of Supervisors should benefit from zero-based budgeting in the following ways:

Department of Public Health: DPH will have a more accurate picture of the level of resources devoted to various health services. Zero-based budgeting puts the Department in a better position to justify current service levels;

Mayor's Office: provides the Mayor's Office with detailed information with which to review department budget requests and have a better understanding of the services provided and the inter-relationship between services;

Board of Supervisors: The Board's Budget Analyst and the Mayor's Office review budget proposals simultaneously and gives the Board more time to review the budget.

ADMINISTRATION

- Senior Deputy Director of Health: Ms. Florence Stroud, Senior Deputy Director of Health, has indicated her intention to leave the Department of Public Health to pursue a number of areas of interest to her.

As you know, I have asked Ms. Stroud to remain with the Department as a valued member of this administration. Her departure will be a tremendous loss to the administration of the Department of Public Health. While I regret her decision, Ms. Stroud has my utmost respect.

The Executive Staff joins me in wishing Flo the very best in whatever areas of health she selects next to cap a very distinguished 20 year career in public health administration. She will be deeply missed for her wisdom, humor, sensitivity, and advocacy for those in need. She is appreciated most especially, for her leadership of this Department during two difficult periods of transition.

LOS ANGELES EARTHQUAKE RELIEF

- Mutual Assistance Request: In the week following the Los Angeles earthquake on January 17, 1994, the State EMS Authority and the State Office of Emergency Services activated the medical mutual aid response by placing all Northern California counties on advisory alert. On Monday, January 24, the state authorities requested an assessment of volunteer medical and public health personnel for potential deployment

to the Los Angeles region from each county in the Bay Area. Under the direction of the San Francisco EMS Agency, an assessment of local healthcare personnel was conducted. A total of 30 healthcare professionals volunteered from this Department to assist in the disaster medical operations. The volunteers include 18 mental health staff, 3 public health nurses, 5 registered nurses, 2 licensed vocational nurses, 1 physician, and 1 environmental health inspector.

In response to a direct request for mutual assistance from the Los Angeles County Mental Health to Mr. Jeffrey Jue, two teams of mental health staff will provide crisis counseling, outreach and debriefing services. Approximately, 18 mental health staff, including 2 Family Service Agency staff will participate in this effort on a staggered two week basis from January 29 through February 12. Team I headed by team leader, Ms. Linda Wang left on Sunday, January 30 and Team II, led by team leader, Ms. Tina Yee will relieve the first team on Sunday, February 6. During this period, the impact on local service delivery will be minimized by assuring that no program will have too many staff away at the same time.

It is expected that DPH public health nurses will shortly be called on to join in the effort. FEMA is responsible for reimbursement of DPH expenditures.

After the Loma Prieta earthquake, San Francisco received mutual assistance from neighboring counties and as far as San Diego. Since their own training in crisis counseling and experiences following the Loma Prieta earthquake, Division of Mental Health staff have been called on the provide counseling and outreach services for local as well as mutual aid assistance to other counties.

The Department is proud our staff are willing to volunteer in efforts to provide aid and comfort to the victims of the Los Angeles disaster in spite of the continuing heavy aftershocks. A list of the DPH volunteers will be provided to the Commission.

NATIONAL HEALTHCARE REFORM

- Special Public Hearing: As the Commission is aware, the presentation by Dr. Philip R. Lee, Assistant Secretary for Health and Human Services, on the impact of National Healthcare Reform has been rescheduled for Friday, February 18 from 2 - 5 p.m. in the Board of Supervisors Chambers in City Hall. Dr. Lee, former President of the Health Commission, will be discussing the impact of public health initiatives on San Francisco.

SAN FRANCISCO GENERAL HOSPITAL

- Chief of Surgery: Dr. William P. Schecter has accepted the permanent Chief of Surgery appointment at San Francisco General Hospital Medical Center. Dr. Schecter is an outstanding and dedicated clinician who has worked at San Francisco General Hospital for many years. He has received numerous awards for outstanding teaching and is highly regarded by both faculty and staff. We look forward to Dr. Schecter's vision and contributions in leading the Trauma Service during the next crucial years.

- RFI Proposal: Work is proceeding on the hospital's RFI proposal to UCSF. A preliminary draft of a "negative declaration" has been developed and is under review. To date, no significant environmental impact has been identified.

The proposal has received the support of the SFGH Community Advisory Council. In addition, SFGH hosted a dinner meeting discussion with some of its closest neighbors for review and input on the RFI proposal as well as parking, security, and facilities planning.

The hospital also hosted a "site visit" by the UCSF team that is evaluating the various proposals. The purpose of the visit was to explore the details of the proposal and tour the site.

- UCSF Townhall Meeting: UCSF held a townhall meeting at San Francisco General Hospital on January 28, 1994 to inform and get community input into its long range development plan. Speakers included Dr. Merle Sande, UCSF Dean Haile Debas, UCSF Associate Dean Elliot Rapaport, Mr. Richard Cordova, and Mr. Jerry Rankin. The emphasis of the meeting focused on alternative sites under review for potential University growth, with SFGH being one of the sites. The University expects to make a final site selection by April. This meeting was one of a series of community meetings held by UCSF throughout the City.

LAGUNA HONDA HOSPITAL

- Earthquake Safety Project: Laguna Honda Hospital has received approval from the Office of State Health Planning and Development (OSHPD) for plans and specifications for Phase II of its Earthquake Safety Program. The scope of work for Phase II includes provision of a secondary source of both domestic and fire service water for the hospital, as well as seismic anchoring of all utility pipes and conduits from the power plant into the patient care buildings. Asbestos abatement will be performed in the utility tunnels where pipes are anchored. This project will be advertised for competitive bid during February with an anticipated start-up date in approximately 6 months. This $1.8 million project will be accomplished entirely with federal and state grant funds. Upon completion of this project, Laguna Honda will have a significantly increased probability of continuing provision of essential utility services after a major earthquake.

- Art & Orchids Event: FreeWheelers, a not-for-profit service organization at Laguna Honda, is sponsoring its annual gala, Art & Orchids, on Saturday, February 5th at 6 p.m. in Simon Auditorium. This event is a major fund raiser for the FreeWheelers which benefits day-on-the-town outings for the patients of Laguna Honda.

- California Association of Hospitals and Health Systems: On January 28, 1994, Anthony Wagner, Executive Administrator of Laguna Honda Hospital, was officially inducted as President of the Hospital Sponsored Services Division of the California Association of Hospital and Health Systems (CAHHS) at its annual meeting. In his capacity as President for 1994, Mr. Wagner will have a critical role in influencing health care reform and legislative concerns vital to the San Francisco Department of Public Health.

- California Association of Hospital Engineers: Mr. Edward Craft, Director of Plant Services for LHH, was elected President of the San Francisco Chapter of the California Association of Hospital Engineers for a two year term, from April 1994 through 1996. Mr. Craft will also serve on the Association's Statewide Board of Directors. As President, he will be instrumental in developing polic and educational issues regarding hospital plan technology and safety in California.

COMMUNITY PUBLIC HEALTH SERVICES

- Community Consortium: Wally Krampf, M.D. recently joined the Executive Board of the Community Consortium for a three year term. Dr. Krampf is a part time physician at the HIV and general primary clinics at Health Center #1. Dr. Krampf has long been involved with the epidemiologic study of HIV-infected gay men with the epidemiology group at the AIDS Program at San Francisco General Hospital.

  Toby Dyner, M.D. has returned to the Consortium Board for a second three year term. Dr. Dyner is an internist in private practice, as well as one of the primary care providers at Health Center #1. She is also currently Treasurer of Bay Area Physicians for Human Rights.

  The Community Consortium is an association of Bay Area HIV health care providers in the front lines of HIV treatment and research.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Update on Northeast Lodge: California Pacific Medical Center has formally notified DMS that they will not seek a renewal of the contract for services for Northeast Lodge, a twenty-five bed residential treatment facility. The accumulative effects of continued capital improvement demands, staff turnover, Medi-Cal policy denying reimbursements for facilities over 16 beds, and the higher acuity levels of clients pose more obstacles than the program can overcome to insure long term stability. Transitional planning has begun to insure client safety and continuity of care. The Division will be exploring program options and alternatives in response to this decision. We will continue to update the Commission on this issue.

911 EMERGENCY SERVICES

- Combined Dispatch: The longstanding concerns about the adequacy of San Francisco's 911 System have been under discussion following the tragedy at 101 California Street. In the aftermath of this incident, Admiral John W. Bitoff, Director of the Mayor's Office of Emergency Services (OES), conducted an audit of the 911 System at the request of the Mayor.

  In the report to the Mayor, the Admiral noted many and varied problems associated with the 911 System, including inadequate Police dispatch equipment. The Emergency Medical Services Dispatch (EMS/Paramedics), which has been continually upgraded over the last several years with new equipment, was found to be more than adequate.

  Following a series of hearings held by the Board of Supervisors on the 101 California incident and the problems associated with the 911 System, a decision was made to fund the construction of a 911 Communications Facility. In December, when the Board of Supervisors approved an ordinance to fund the facility, an amendment was introduced at the full Board to consolidate 911 dispatch at a single location and reassign all dispatch personnel (Police, Fire, EMS/Paramedics) under the control and command of the Director of the Office of Emergency Services.

  While the Department of Public Health has supported the need to significantly upgrade the 911 System and facility, the issue of EMS dispatch personnel being reassigned to a separate facility and command structure has not been considered by this Commission. By Charter, the Department of Public Health, under the authority of the Health

Commission, is responsible for providing emergency medical services. The approved ordinance gives the Director of the Office of Emergency Services the authority to manage emergency medical services only with the approval of the Health Commission.

It is important to note that the performance and adequacy of the emergency medical services dispatch operation and facility is viewed with high regard nationally. The new, seismically-secure, state-of-the-art paramedic dispatch center serves the City's needs well and could provide a critical "back-up" function to the 911 System in the event of failure of the primary center.

The Department is preparing a complete presentation to the Commission on the emergency medical services and paramedic dispatch issues and the relationship to the proposed consolidated 911 System dispatch in the very near future.

SMOKEFREE WORKSITES

- No Smoking Policy: Starting today, February 1, 1994, the City's 100% Smoke Free Workplace policy to protect all local workers from second-hand smoke goes into effect. All workers in San Francisco worksites are required to go outdoors to smoke, except in bars, bingo parlors, and some hotel areas. Restaurants must be smokefree by January 1995, except in bar areas.

  This morning, I received a copy of a press release from a group of businesses that joined together today to file a lawsuit against the City and County of San Francisco, asking that the municipal smoking ordinance be declared invalid and unenforceable. I will keep you informed.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Base Closures Environmental Clean-up: Mr. Bill Lee, Director of Toxics, was invited by the International City/County Management Association (ICMA) to testify to the EPA/DOD/DOE Federal Facilities Environmental Restoration Dialogue Committee in Washington, D.C., regarding local environmental clean up needs and concerns. Mr. Lee focused on three areas affecting the reuse of the Hunter's Point Shipyard, Treasure Island, and the Presidio: local environmental management, local funding, and local access to federal decision-makers.

- Illegal Dumping of Hazardous Waste: The January 11, 1994 issue of the San Francisco Independent featured a story regarding illegally dumped hazardous waste on the streets and in public areas. The delay in response was due to the shortage of staff assigned to remove waste illegally dumped and the low level of overall risk associated with this material. Currently, time of response is based on public health risk. Incidents which pose an immediate threat to public health and safety are prioritized for immediate response. Those which pose a minimal public health hazard take more time based on this triage assessment.

  As stated in the article, the hazardous wastes, including 19 bags (approximately 5 cubic yards), one 30 gallon drum of asbestos-containing material, five 55 gallon drums and four 5 gallon drums of waste motor oil and paint-related wastes, including waste paint and solvents, were removed on January 11 by the City's hazardous waste removal contractor under the supervision of departmental personnel.

5) IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP. Q), CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER THE CONSOLIDATION OF INPATIENT PEDIATRICS SERVICES AT THE PACIFIC CAMPUS OF CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Drs. Kenneth Cox and Linda Clever of California Pacific Medical Center were available to answer questions.

Action Taken: Commissioners Jackson, Kaufman, Paras, Castaneda and Ludington adopted Resolution #5-94, (Attachment A).

Commissioner Marton abstained from discussing and voting on this resolution.

6) IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP Q) HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN

Mary Powell, California Pacific Medical Center Vice President, introduced the following CPMC representatives:

G. Aubrey Serfling, President and CEO
Martin Brotman, MD, Chairman, Department of Medicine
Thomas Russell, MD, Chairman, Department of Surgery
Penny Holland, RN, Senior Vice President, Patient Care Services
Judith Stevenson, Director, Community Services

The representatives reported California Pacific Medical Center's major restructuring, which was approved by its Board of Directors on January 25, 1994. Obstetrical, newborn, enhanced outpatient services, including standby emergency services 24-hours per day, will be consolidated at the California Campus, whereas acute adult and pediatric inpatient and emergency care will be located at the Pacific Campus. (Attachment B). It was reported that under the new Strategic Plan, about 1,000 FTE's will be eliminated in the next two years. California Pacific Medical Center was formed in 1991 with the merger of Pacific Presbyterian Medical Center and Northern California Health Center (Children's Hospital of San Francisco). California Pacific Medical Center will offer a full continuum of care, including programs in prevention and education, have health and hospice services, and a full spectrum of acute inpatient and outpatient services. California Pacific Medical Center is the largest private, not-for-profit medical center north of Los Angeles, and the second largest in the State.

Public Speakers: in support of CPMC's Strategic Plan

Joan M. Ripple, Senate Subcommittee on the Rights of the Disabled
Donna Simon, Westside Lodge
John L. Bayte, California Pacific Medical Center
Dr. James R. McCurdy, California Pacific Medical Center
Dr. Robert E. Hales, California Pacific Medical Center
Rev. Max Christensen
Jeannee Martin
Dr. Michael Rokeach
Dr. Barry Baron
Paul Hayes, California Pacific Medical Center
Bobbi Kimball, California Pacific Medical Center
Dorothy Howard, California Pacific Medical Center

Mary Ellen Fontana, California Pacific Medical Center
David R. Fielder
Flynn McDonalds, Jordan Park Association
Nathan Nayman, Hospital Council
Dr. Roland D. J. Barakett
Dr. R. Miller, California Pacific Medical Center
John Brauer
Fran Gomory
David Wilkinson
Lorrie Gallagher, California Pacific Medical Center
Leona Butler
Glenda Jeong

Public Speakers: not in support of CPMC's Strategic Plan

Marjory Siegel, RN, California Pacific Medical Center
Yvonne Linebarger, RN, California Pacific Medical Center
Eva Sawyer, RN
Mike Griffing, California Nurses Association
Tony Leone, President, Golden Gate Nurses Association
Susan Sundancer Lamere
Margaret Brady, retired City employee

Commissioner Marton abstained from discussing this item.

The Commission, at its February 22, 1994 meeting, will consider a resolution on whether the proposed California Pacific Medical Center Strategic Plan will or will not be detrimental to the health service of the community.

7) CONSIDERATION OF A RESOLUTION ON A REFOCUSED DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

President Jackson stated that the refocused Department of Public Health Mission Statement will be included in the recently approved UC/SFGH Affiliation Agreement and the Medical Staff Bylaws and Hospital Bylaws of SFGH.

Public Speaker: Dale Butler, Union representative, did not support the resolution.

Because the Commission today has received letters requesting a postponement on this resolution, Commissioner Paras recommended to defer the decision on the proposal refocused Mission Statement.

Dr. Hernandez recommended to the Commission to act on the resolution, with the understanding that the implementation of the policy will include the input of labor.

Action Taken: The Commission unanimously adopted Resolution #6-94, Revising the Department of Public Health Mission Statement, (Attachment C).

8) UPDATE ON THE MENTAL HEALTH FACILITY AT SAN FRANCISCO GENERAL HOSPITAL

Jeff Jue, DMS Deputy Director, introduced Phyllis Harding, Project Director of the Mental Health Facility. She reported that the construction is 70% complete

and is projected to be completed in mid September, with a projected readiness for opening in the winter/spring 1995.

Ms. Harding and Mental Health staff presented:

Status of Construction Project Description Timeline Budget Expenditures/Projections Art Enhancement Program	Phyllis Harding
Status of Clinical Program Development Adult Program Adolescent Program	 Jo Ruffin Nancy Presson
Proposed Startup Budget	Monique Zmuda
RFP Process to Contract All Inclusive Operation Clinical Programs Support Services	Monique Zmuda Phyllis Harding
Evaluation of Licensing Options	Phyllis Harding

Ms. Harding also provided architectural floor plans and a photomontage of the facility. She invited interested Commissioners to a hard hat tour of the site.

In the near future, Dr. Hernandez will bring to the Commission policy issues related to the facility.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: John O'Brien

The meeting was adjourned at 6:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-94

DETERMINING WHETHER THE CONSOLIDATION OF INPATIENT PEDIATRIC SERVICES OF CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICE OF THE COMMUNITY

WHEREAS, the clinical configuration of the major campuses of California Pacific Medical Center are being restructured to facilitate the optimal delivery of inpatient and outpatient care; and,

WHEREAS, the consolidation of inpatient pediatric services at the Pacific Campus has been approved by the California Pacific Medical Center Board of Directors; and,

WHEREAS, California Pacific Medical Center has in good faith complied with the spirit of the Community Health Care Planning Ordinance (Prop. Q); and,

WHEREAS, on January 18, 1994 the Health Commission held a public hearing at which representatives of California Pacific Medical Center and the public presented testimony; now, therefore, be it

RESOLVED, that the San Francisco Health Commission determines that the consolidation of inpatient pediatric services at the Pacific Campus will not be detrimental to the health services of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-94

REVISING THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

WHEREAS, the Department of Public Health must reorganize into a comprehensive, integrated, cost-effective service delivery system that focuses on prevention, primary care, and chronic/long-term care; and

WHEREAS, the Department of Public Health must develop an incentive-based, a performance-oriented, risk sharing system of care that forges new mutually beneficial partnerships with city government, the University of California San Francisco, labor, consumers, providers and competitors; and,

WHEREAS, the Department of Public Health must reengineer our values and structures to be consumer/"customer" responsive in a restructured financial relationship to minimize cost to the City; and,

WHEREAS, the following refocused Mission Statement has been proposed by the Department of Public Health to meet the challanges of a managed care environment:

It is the mission of the San Francisco Department of Public Health to set health policies, enforce regulations and ensure provision of basic health services which promote the best possible state of physical and mental health for all San Franciscans. The Department shall:

- Promote a healthy environment through ongoing surveillance and assessment of the community's health;
- Adopt policies and standards and disseminate information that protects and promotes the public's health;
- Ensure equal access to all; and,
- Ensure provision of a cost-effective continuum of essential health services; now, therefore, be it

RESOLVED, that the Health Commission adopts the Department of Public Health's refocused Mission Statement; and, be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ALIGN RESOURCES TO FOCUS CPMC'S CAMPUS ATTENTION

PROPOSED PROGRAM RECONFIGURATION: 2D (EXTENDED)

CALIFORNIA CAMPUS	PACIFIC CAMPUS
Obstetrics, ambulatory surgery/recovery care, outpatient ancillaries, SNF, no general medical surgical beds	Basic managed care hospital with selected referral oriented, high complexity [redacted] managed care services
All obstetrics NBICU (patient focused, on-unit ancillary support) Perinatal advanced care capability with transport	Inpatient pediatrics
Surgery: • Same day surgery unit (dedicated) • Recovery care center (no ICU, MOB-type ancillaries)	Surgery: • All surgery which would predictably require IP hospitalization and/or ICU capability • Limited ambulatory surgery (no dedicated support)
Standby emergency service 24-hours per day	ER Urgent care
No adult medicine	All adult medicine Ambulatory cancer center (limited)
No critical care	Critical care
SNF — (given capacity)	No SNF
Limited MOB-type ancillaries closed after 7 p.m. and patient- focused NBICU ancillaries	Full ancillaries, managed care hospital focused
Teaching clinics	Psychiatry

Referral-Oriented Managed Care High Complexity/Acuity Programs
Fairness For MD Office Space
Effective Transportation Between Campuses

276-72846.3 H/RPSF

Attachment C
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Paul A. Rosenstiel
Vice President

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

NOTICE

COMMUNITY HEALTH CARE PLANNING ORDINANCE HEARING

ON

CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN

Tuesday, February 1, 1994
4:00 p.m.
101 Grove Street, Room #300
San Francisco 94102

101 Grove Street San Francisco, CA 94102

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NOTICE

SPECIAL PUBLIC HEARING

ON

THE IMPACT OF NATIONAL HEALTHCARE REFORM
ON THE HEALTH OF THE PEOPLE OF THE CITY AND COUNTY
OF SAN FRANCISCO

Friday, February 18, 1994
at 2:00 - 5:00 p.m.
Board of Supervisors Chambers
400 Van Ness Avenue, 2nd. Floor
San Francisco, CA 94102

Presentation by Dr. Philip R. Lee, Assistant Secretary for Health and Human Services, on the Impact of the Public Health Initiatives on the City and County of San Francisco.

1/28/94

(415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Arthur M. Jackson
President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
February 22, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Update on San Francisco General Hospital expenditures and revenues.

(3.2) Request approval for supplemental in the amount of $35,336 from the Jail Escrow Account to provide intensive care management services to high end users of Forensics Psychiatric Services.

(3.3) CHS - AB75 - Health Promotion - Modification to joint venture contract with Kopell & Associates and Maureen O'Rorke Public Relations and Advertising for the period of December 1, 1992 through June 30, 1994 implementation of a Smoke-Free Environment Campaign in the amount of $37,750. (DPH contracted with Kopell & O'Rorke for services totaling $299,377 in FY 1992-93).

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(3.6) CHS - Family Mosaic Project - Renewal of contract with Instituto Familiar De La Raza in the amount of $559,074 to provide case management and administrative services for the Family Mosaic Project for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Instituto Familiar de la Raza for services totaling $860,535 in FY 1992-93).

(3.7) DMS - CMHS - Request approval of the Performance Contract FY 1993-94 between the State Department of Mental Health and the Department of Public Health, Division of Mental Health and Substance Abuse.

(3.8) DMS- - CMHS - Renewal contract with St. Francis Memorial Hospital in the amount of $156,750 per year to provide 24-Hour Acute Psychiatric Inpatient Services for the period of July 1, 1993 through June 30, 1997. (DPH contracted with St. Francis Memorial Hospital for services totaling $104,500 in FY 1992-93).

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4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

5) **IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP. Q), CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**

6) **CONSIDERATION OF A RESOLUTION ON THE PROVISION OF EMERGENCY MEDICAL SERVICES AT THE PRESIDIO**

7) **CONSIDERATION OF POLICY MATTERS RELATED TO THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95:**

A) **CONSIDERATION OF A RESOLUTION ESTABLISHING THE POLICY OF THE HEALTH COMMISSION CONCERNING 1994 LABOR NEGOTIATIONS WITH REGISTERED NURSES AND WITH PHYSICIANS AND DENTISTS**

B) **CONSIDERATION OF A RESOLUTION ON HEALTH RELATED PUBLIC SAFETY SERVICES**

C) CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH CONTRACTOR BUDGET PROVISIONS FOR FY 1994-95

8) PUBLIC HEARING ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) EXECUTIVE SESSION:

A) PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $6,252.40, FOR MARK DEFREN V. CCSF. (SFGH).

B) PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $10,000 FOR JUAN JOSE ESCOBAR V. CCSF, S.F. SUPERIOR COURT #943-150). (SFGH).

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

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SAN FRANCISCO
HEALTH COMMISSION

February 22, 1994

This meeting was not held. See Agenda for March 1, 1994

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Arthur M. Jackson
President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
March 1, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Update on San Francisco General Hospital expenditures and revenues.

(3.2) Request approval for supplemental in the amount of $35,336 from the Jail Escrow Account to provide intensive care management services to high end users of Forensics Psychiatric Services.

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(3.12) Consideration of a supplemental appropriation for a net increase of $1,085.808 in disproportionate share revenues for FY 1993-94.

(3.13) CHS - AIDS - Renewal contract with 18th Street Services, in the amount of $75,000, to provide HIV/AIDS prevention education to gay and bisexual young men, for the period of July 1, 1993 through June 30, 1994 (DPH contracted with 18th Street Services for services totaling $870,489 in FY 1992-93).

(3.14) CHS - AIDS - Renewal contract with Central City Hospitality House (CCHH), in the amount of $51,500, for the provision of HIV risk reduction services for homeless and runaway youth in San Francisco for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Central City Hospitality services totaling $601,918 FY 1992-93).

(3.15) CHS - Maternal and Child Health - Modification to the contract with International Cancer Screening Laboratories, Inc., in the amount of $10,000, to provide cytology services, for th period of April 1, 1994 through June 30, 1994. (DPH contracted with International Cancer Screening Labs for services totaling $70,530 in FY 1992-93).

(3.16) DMS - CMHS - DMS site approval request from California Pacific Medical Center to relocate and consolidate Community Vocational Enterprises (CVE) and Keystone Vocational Services. (DPH contracted with California Pacific Medical for services totaling $10,009,333 in FY 1992-93).

4) DIRECTOR'S REPORT
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5) IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP. Q), CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

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8) PUBLIC HEARING ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

9) CONSIDERATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

10) PRESENTATION AND CONSIDERATION OF A POLICY OF THE DEPARTMENT OF PUBLIC HEALTH ON INFORMATION SYSTEMS IN PREPARATION FOR MANAGED CARE

11) OTHER BUSINESS/PUBLIC COMMENTS*

12) EXECUTIVE SESSION:

A) PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $6,252.40, FOR MARK DEFREN V. CCSF. (SFGH)

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CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
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Tel.: (415) 554-2666

A D D E N D U M

TO

AGENDA

OF

HEALTH COMMISSION MEETING
March 1, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following, under D, will be added to Item #7 of the Agenda of the Health Commission on March 1, 1994:

7) CONSIDERATION OF POLICY MATTERS RELATED TO THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95:

D) CONSIDERATION OF A RESOLUTION APPROVING REINVESTMENT OF DEPARTMENT OF PUBLIC HEALTH REVENUES INTO INFRASTRUCTURE AND CAPITAL AND PROGRAM NEEDS FOR FY 1994-95, CONSISTENT WITH THE MAYOR'S BUDGET INSTRUCTIONS AND PROPOSED CHARTER AMENDMENT AS INTRODUCED BY THE BOARD OF SUPERVISORS.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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Director of Public Health

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Executive Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 1, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

Absent: Commissioner Pierre R. Ludington

Commissioner Jackson welcomed Dr. Chow back to the Commission as the newly appointed Commissioner by Mayor Jordan. Commissioner Chow was sworn in on February 25, 1994

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 1994

Action Taken: The Commission unanimously adopted the minutes of the regular meeting of February 1, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

Note: Items #3.1 to #3.11 were discussed on February 22, 1994 when the Budget Committee members (Commissioners Paras, Castaneda and Jackson) recommended to the full Commission for consideration of approval at the March 1, 1994 Commission meeting. The comments recorded were made on February 22, 1994 and are part of the official meeting of the Budget Committee of February 22, 1994. Since there was no quorum of the full Commission on February 22, 1994, the recommendations of the Budget Committee were deferred to the full Commission of March 1, 1994.

(3.1) Update on San Francisco General Hospital expenditures and revenues.

Commissioners Jackson and Paras expressed concern on areas of less assurance for revenues to address this deficit.

Public Speaker: Edward Benner

Commissioner Paras requested notices for meetings of the newly formed SFGH Community Advisory Board.

(3.2) Request approval for supplemental in the amount of $23,284 from the Jail Escrow Account to provide intensive care management services to high end users of Forensics Psychiatric Services.

Commissioner Jackson inquired whether the Department can compare the cost savings from this approach. Dr. Meredith stated a progress report will be given to the Commission.

(3.3) CHS - AB75 - Health Promotion - Modification to joint venture contract with Kopell & Associates and Maureen O'Rorke Public Relations and Advertising for the period of December 1, 1992 through June 30, 1994 implementation of a Smoke-Free Environment Campaign in the amount of $37,750. (DPH contracted with Kopell & O'Rorke for services totaling $299,377 in FY 1992-93).

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This item was postponed.

(3.5) CHS - AIDS - Request for Approval of the 1994-1995 Ryan White Comprehensive AIDS Resources Emergency (CARE) Formula Contracts: 93 contracts with a combined total of $18,104,112 for the period of May 1, 1994 through April 30, 1995.

Dr. Katz gave an overview of the process used for these funds. Commissioner Castaneda inquired on the format for audits, evaluation of the services and late reports. Dr. Katz reported that audits are to be submitted from an external CPA. Clients who are unhappy about services write to the AIDS Office. Commissioner Paras did not discuss or comment on the Shanti Project portion. Commissioner Marton did not discuss or vote on the CPMC portion. Dr. Katz reported the assessment report and other related subjects will be forwarded to the Commission.

(3.6) CHS - Family Mosaic Project - Renewal of contract with Instituto Familiar De La Raza in the amount of $559,074 to provide case management and administrative services for the Family Mosaic Project for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Instituto Familiar de la Raza for services totaling $860,535 in FY 1992-93).

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The Department recommended only a one year renewal, not a multiyear renewal. Commissioners Jackson and Paras expressed displeasure at the continued lack of compliance with affirmative action on its Board of Directors.

(3.9) DMS - CSAS - First modification to the contract with Bayview Hunters Point Foundation, in the amount of $248,750, to provide methadone detoxification services and MIS/BIS Enhancement for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Bayview Hunters Point Foundation for services totaling $7,575,248 in FY 1992-93).

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Action Taken: The Commissioners voted to approve the Consent Calendar of the Budget Committee, with Commissioner Kaufman requesting full discussion of #3.8 and Commissioner Paras not voting on the Shanti Project portion and Commissioner Marton not voting on the CPMC portion of #3.5.

(3.8) DMS- - CMHS - Renewal contract with St. Francis Memorial Hospital in the amount of $156,750 per year to provide 24-Hour Acute Psychiatric Inpatient Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with St. Francis Memorial Hospital for services totaling $104,500 in FY 1992-93).

Commissioner Chow did not discuss nor vote on this item.

Commissioner Kaufman expressed strong concerns on the continued lack of behavior change and lack of compliance with the Commission's affirmative action policy on its Board of Directors. She requested for the March 15, 1994 agenda a resolution to be considered by the full Commission requesting the Human Rights Commission to look into the compliance issue since St. Francis Hospital has other contracts with the City. Commissioner Kaufman and the other Commissioners fully understand their jurisdiction only over the Health Department contract to St. Francis Memorial Hospital.

Action Taken: Commissioners Jackson, Kaufman, Castaneda, Marton and Paras voted to consider a resolution at the March 15, 1994 meeting regarding St. Francis Memorial Hospital and requesting a report from the Human Rights Commission. Commissioners Jackson, Kaufman, Castaneda, Marton and Paras approved the one-year contract renewal for FY 1993-94.

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

Dr. Hernandez reported at the February 22, 1994 gathering of three Commissioners (Jackson, Paras and Castaneda):

ADMINISTRATION

- Update on State Budget: The Governor's proposed 1994-95 budget includes several structural and policy shifts within the health and human services budget. Two primary areas of concern for counties are: 1) the elimination of Realignment as it has been developed over the past year and a half; and 2) an 11.5% Medi-Cal County Share of Cost.

  Realignment 1 has been replaced with a Restructuring proposal (Realignment 2). This proposal includes an increased stream of revenues to fund both the previously realigned programs and for newly shifted program responsibilities. Among these increased county responsibilities is an 11.5% Medi-Cal County Share of Cost.

  According to the Governor's proposal, the Restructuring will include an additional half cent sales tax to pay for the counties 11.5% Medi-Cal Share of Cost. It is unclear at this time whether or not this money will be sufficient to cover costs. Success with this proposal depends on three primary considerations: 1) the shift must be revenue neutral for each county; 2) the growth in county allocations of the state sales tax must

reasonably be expected to match growth in the Medi-Cal expenditures for county residents; 3) counties must have sufficient control over local Medi-Cal expenditures to bring their share of cost in line with expectations for state sales tax revenues.

It is important to recognize that while the proposed shift represents 11.5% of the overall Medi-Cal program, it represents 25% of the state general fund dollars committed to Medi-Cal. This is a major transfer of financial risk from the state to the county.

Margaret Kisliuk of the Mayor's Office and Melange Matthews, DPH Legislative Planner, are working closely with our affiliate organizations, including CAPH, CSAC, and CHEAC to minimize the negative implications associated with this proposal.

- Update on Zero-Base Budget: The Mayor's Budget Office and the Board of Supervisor's Budget Analyst have issued a memorandum regarding the zero-base budget analysis that they will jointly conduct on a number of departments in preparation for the 1994-95 fiscal year.

  The purpose of the analysis is to evaluate the costs and performance of all activities of the departments rather than analyzing line item expenditures. The departments selected will have to justify each function and cost, whether new or existing, and prove their effectiveness.

  Staff from the Mayor's Office and the Budget Analyst have begun meeting with DPH in initial meetings and work sessions with fiscal officers and managers to develop detailed lists of all DPH functions and activities, costs and performance measures.

  When completed, the information will be presented to the Health Commission for review.

- Update on Managed Care Developments: On February 2, 1994, I was selected by the San Francisco Medi-Cal Managed Care Steering Committee to Co-Chair the committee with David Soffa, M.D., of the San Francisco Medical Society, who remains as the other Co-Chair. The Steering Committee also voted at that meeting to expand its membership to 18 to include a representative of health care workers in San Francisco. Two nominations were received from labor organizations and Josie Mooney, Staff Director of SEIU, Local 790, was selected to fill this seat. The two Program Committee members who were selected from four nominees to serve on the Steering Committee are Steven Fields, Executive Director of Progress Foundation, and Kate O'Malley, N.P., Director of On Lok Senior Senior Health Services.

  The State Department of Health Services (DHS) has agreed to hold monthly meetings with representatives from each of the 13 counties chosen by the state to transition Medi-Cal clients into managed care. At the last meeting with DHS on February 9, 1994, the Department of Corporations was present to discuss the application process for a Knox-Keene license, which will be required by all local initiatives (The Knox-Keene Act of 1975, which regulates health maintenance organizations and other prepaid health care service plans, requires that a license be obtained from the State Department of Corporations). The $10 million of SB 456 monies for the development of local initiatives has not yet been distributed to

counties. The State will be able to leverage federal financial participation with these funds, and is presently in dialogue with HCFA concerning this. The State will not be distributing any of the SB 456 funds until local initiatives have determined the details of their governance structure, and a development contract has been signed by the Board of Supervisors. The governance workgroup of the San Francisco local initiative will be finalizing its recommendations on governance within the next month.

The Local Initiative Steering Committee sent out letters to many health plans/HMOs regarding the possibility of affiliation with the local initiative. Eight responses were received, and discussions are underway to assess the feasibility of such model(s).

DPH Managed Care Steering Committee representatives met with Kaiser Permanente, and are in the process of developing a formal request for technical assistance from Kaiser. Once resources for technical assistance can be ascertained, the committee will move forward with conducting physical assessments of the health centers and primary care clinics at SFGH. The assessments would determine DPH's ability to meet Knox-Keene standards for managed care settings, and would recommend changes and upgrades where needed. The Training and Education subcommittee is currently developing a workplan and a curriculum to provide both provider and patient education regarding managed care for DPH.

- Follow-up to Dr. Phil Lee Meetings: On Friday, February 18, 1994 Dr. Phil Lee, Assistant Secretary for Health and Human Services, held meetings with City officials, hospital executives and physicians, and participated in a lengthy public hearing on the impact of national health system reform. In addition to outlining the Health Security Act and offering insight into competing Congressional Bills, Dr. Lee provided updated information about the mechanisms for revenue enhancement included in Title Three of the Clinton Plan.

  Title Three articulates funding for the Public Health Initiatives identified in the plan. These programs include: Health Research Initiatives, Academic Health Centers, Core Functions of Public Health Programs, Health Services for Medically Underserved Populations, Mental Health, Substance Abuse, Workforce Priorities Under Federal Payments, Comprehensive School Health Education, Public Health Service Initiatives Fund and Coordination with Cobra Continuation Coverage.

  The Department will continue to work closely with Dr. Lee and our Congressional Delegation to follow-up on the technical language necessary to secure the best possible opportunity for San Francisco to compete for these funds. In addition to the follow-up required for Title Three participation, the Department will continue to advocate for other changes in the plan including: 1) the request that public hospitals be included as "Essential Community Providers"; 2) that increased funding be identified specifically for the provision of care to undocumented persons and prisoners; and 3) that in any instance where Ryan White funds or other related funds are displaced, that replacement of such critical funds must be identified. The Department continues to employ Health Commission Resolution #30-93, approved on December 21, 1993 as a model for concerns regarding national health system reform.

The Department will work with the Health Commission to schedule a single payor initiative in March and a resolution to revisit Resolution #30-93.

- DPH Restructuring Workgroups: In the Director's Report of December 7, 1993, I briefly mentioned that the Executive Staff had appointed a number of DPH committees as part of the plan to include staff participation in the budget process and prepare employees for transitions to managed care, national health care reform and financial restructuring.

  As part of this process, a number of Restructuring Workgroups were established to take a systematic approach to review costs, need, delivery and duplications of functions and services. The workgroups are: pharmacy, laundry, housekeeping, contracts, materials management, and dietary. These workgroups include an Executive Staff advisor, senior staff facilitator, and integrated divisional program staff. Each team was asked to develop recommendations for future changes for the most cost effective, efficient, and user-friendly service, as well as short and long term budget reductions. The workgroups have been very helpful and some of their recommendations have been incorporated into the 1994-95 budget.

- Coordinator/Homeless Programs: It is with regret that I inform you that Ms. Nancy Rubin has resigned as the Director of Homeless Programs effective last Friday, February 18, 1994. She is joining her husband in Los Angeles and has accepted a position with the Los Angeles County Health Department to develop a health plan for welfare recipients.

  In order to assure management continuity for our homeless programs, I have appointed Ms. Luz-Mary Harris as interim homeless coordinator. As part of her current assignment, Ms. Harris will also supervise the matrix outreach workers. I expect to have a full recruitment and hiring for this position within the next 60-90 days.

SAN FRANCISCO GENERAL HOSPITAL

- Clinical Practice Group (CPG): The medical staff at San Francisco General Hospital has begun to organize itself into a Clinical Practice Group, commonly referred to as the "CPG", as part of the effort to develop a mechanism through which the medical staff can enter into managed care contracts with health care insurers.

  The CPG will be a University entity to which the University Regents delegate authority for entering into contractual arrangements. With the formation of the CPG, it will not be necessary for the providers to go through the lengthy process of obtaining approval from the University Regents for every managed care contract.

  Another critical aspect of the CPG will be to determine the disbursement of managed care contract revenues among the clinical departments. It is the medical staff's hope that all of the physicians in the health centers could become full voting members in the CPG. This concept raises some difficult legal issues which are still under review and discussion.

  The hospital and its medical staff realize it will be impossible for one entity to enter into a managed care contract without the agreement and participation of the other. Accordingly, DPH and the CPG will need to develop a mechanism for joint contracting with the CPG. We are currently considering s PHO structure.

The PHO will not be a separate legal entity. Instead, it is moving in the direction of having the two entities (DPH and CPG) linked together through a contract or MOU which governs the way in which the parties market services, negotiate contracts, and enter into contractual arrangements. The purpose of the PHO is to ensure that the two entities are always acting in unison with one another with regard to managed care contracts.

As these concepts are further developed, they will be reviewed at SFGH Joint Conference. The policy issues related to the development of these organizations and the managed care environment will be brought to the Commission shortly for your consideration and approval.

- JCAHO Focused Survey: The Joint Commission on Accreditation of Health Care Organizations conducted a focused survey at SFGH on December 8. This survey was a follow-up to recommendations made during the full survey the previous February.

  Six of the eight areas with recommendations were cleared during this focused survey. These recommendations involved quality improvement activities in Dietary, Pharmacy, Physical Rehabilitation, Social Services, Governing Body, and Leadership.

  Two remaining contingencies involve the following:

  - no evidence of an evaluation of the effectiveness of Life Safety and Utilities Management Program since December 1992;
  - performance evaluations were not job specific in 6 of 10 records that were reviewed.

  The hospital was awarded continued accreditation contingent upon compliance with these two remaining recommendations. Although another focused survey was initially scheduled for May, JCAHO has reviewed the written plans of correction and has tentatively agreed to change the focus survey to a written progress report.

  The hospital expects to be fully accredited in the near future and I will keep you informed on its progress.

- Clinic Furniture: In a recent news article, the hospital and University were criticized for the cost of furniture for the new AIDS Nutrition Center. The article failed to point out the type of services which would be provided to the patients who use the center and the need for SFGH to provide services in a more attractive and patient-friendly environment. This program was developed pursuant to a business plan which indicates these services will create much greater revenues than the initial start up costs. An audit is being conducted to review appropriate purchasing regulations were followed.

- Resignation: Dr. Roger Simon has announced his resignation effective July 1, 1994 to accept an academic appointment as Chair of the Neurology Department at the University of Pittsburg.

  Dr. Simon performed his residency at SFGH and served as Chief of Service for the Neurology Department for many years and as Chief of Staff for the past two years. Coincidentally, Dr. Simon follows two other former Chiefs

of Staff, Dr. Michael Federle and Dr. Richard Sweet to the University of Pittsburg.

Dr. Simon has made a significant contribution to SFGH and will be missed.

- Radiology Service: On January 16, a mobile CAT (CT) scanner was installed on the east side of the main hospital building, near the Emergency Room. The mobile scanner will remain in service until the construction of two new scanners is completed, tentatively schedule for June 1995.

  The rented unit will reduce waiting queues, reduce the number of decertified days caused by CT backlog, and provide a backup for trauma should the main CT scanner become unavailable. Results so far indicate a huge success in reducing waiting queues, from an average of 28 days to between 3 and 5 days, depending on the type of exam. The unit is averaging 8 exams per day, with a goal of 10. Inpatients are now typically handled on the same day of request rather than delays of up to 3 days. Decertified days from CT delays are now essentially eliminated.

COMMUNITY PUBLIC HEALTH SERVICES

- Health Center #4 Roof Replacement: Last summer, a public works emergency was declared at Health Center #4 due to damage resulting from massive roof leaks. However, no funds were available at that time for an estimated $45,000 roof replacement. Funds from the first six month budget reinstatement have now become available and the contract has been awarded and will be certified next week with work to begin the following week.

  During the course of a routine asbestos survey of the roof about three weeks ago, a serious asbestos contamination problem was discovered. The sprayed fireproofing in the ceiling had become wet, then dry and powdery as a result of the roof leaks. DPW and DPH Toxics were contacted immediately, along with an asbestos removal contractor and preliminary work began that same evening, February 3.

- LA Earthquake Mutual Assistance: The California Emergency Medical Services Agency has asked DPH to provide public health nurses to assist Los Angeles earthquake survivors remaining in shelters. Two public health nurses have already gone and two more will be joining the effort shortly.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Multidiagnosed Detoxification Center: A major program initiative for the Department is the development of a multidiagnosed medical detoxification service and a continuum of care for persons diagnosed with substance abuse, mental illness and HIV. A collaborative year long planning effort led to a successful Ryan White grant proposal to implement the program. This is a joint project of DMS, AIDS Office, and SFGH's Department of Psychiatry and Medicine.

  The first phase of the project was the conversion of the Tom Smith Center to begin treatment of the population on December 15, 1993. Total admissions to date are 36, of which 15 have been HIV.

  The second phase is the development of the medical detoxification component at SFGH. Plans for the unit and the budget are finalized and expected to open in April. The census is expected to be as high as six with up to fifty percent being HIV at any given time.

The Tom Smith Center becomes the residential services component and is scheduled to be relocated in the community later this Spring. An RFP for a non-profit to assist with the development of the project and manage the property has been bid and Haight Ashbury has been selected as the contractor. Tom Smith will continue to serve clients at Ward 23 until relocation is completed.

- Northeast Lodge Status Report: During the phase-down period for Northeast Lodge, DMS has been working closely with CAL-PAC administrative and program staff. Particular focus has been placed on ensuring quality treatment interventions, and appropriate client flow. Daily visits to the program have been instituted, and Patients' Rights Advocacy Services (PRAS) has been requested to also review the impact of the phase-down. The program has been certified by the State as a sixteen bed transitional residential program, eligible for Medi-Cal reimbursement, and will be RFP'd.

- Update on DMS Mutual Assistance to Los Angeles: In addition to the two DMS teams, led by Linda Wang and co-led by Tina Yee and Manuel Mena, that responded to the L.A. County Mental Health request for assistance following the earthquake; a third team, led by Mabel Jung, R.N., M.S. was dispatched to L.A. on February 13 and returned on February 20. The volunteer staff have been multidisciplinary: psychiatrists, social workers, counselors, nurses, psychiatric technicians, psychologists, and clinical administrators.

  Sites to which the teams have been assigned include Disaster Application Centers operated by FEMA and shelters. Staff report that the destruction and trauma experienced by individuals and families who lost their homes, businesses and jobs because of this disaster is more widespread than described in media coverage. DMS staff have been particularly helpful because of their training and skills. All DMS teams are culturally competent, and have been able to relate to and assist many African-Americans and Latinos affected by the earthquake.

  The fourth and last team of 5 staff, led by Michelle Friedman, R.N. left for L.A. on February 20 and will return on February 27. It is expected that by the end of this week, many shelters will be closed and L.A. County disaster mental health workers funded through FEMA will take over. In addition to providing badly needed assistance, the DMS teams feel they have gained valuable information to assist us to be better prepared and respond in the event of a similar disaster in San Francisco.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Base Closure Environmental Clean-up and Training: DPH staff have been working with the Bay View Hunter's Point and the Mayor's Hunter's Point Shipyard Community Advisory Commitees in assessing environmental training and hazardous waste clean-up opportunities. The Navy's prime contractor, PRC, has agreed to provide training and equipment to San Francisco Community College to conduct hazardous materials training in Southeast Community College and develop a mentorship program.

  Additionally, an incubator firm would be assisted by PRC in starting an environmental clean-up company to provide RFP's which promote MBE/LBE/WBE goals to the Mayor's Hunters Point Community Advisory Committee. An intern program where students can work one-half year and go to school the other half year was also proposed by PRC. The Mayor's Office and Board of Supervisors are considering taking over the hazardous waste clean-up at Hunter's Point and Treasure Island.

JANUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 1/30/94)

Total San Francisco cases:	18,684
Total San Francisco deaths:	11,906
Total S.F. cases for January:	238*
Total S.F. deaths for January:	133

*Includes 193 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	290
Newborn Nursery:		17
Actual Patient Days	(except newborns):	8,979
Newborn Nursery:		514
Admissions	(except newborns):	1,522
Newborn Nursery:		153
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,062
Newborn Nursery:		606
Discharges	(except newborns):	1,525
Newborn Nursery:		160

Outpatient Visits

Primary Health	
Family Health:	2,803
General Medicine:	1,856
Pediatric:	3,092
OB/GYN:	2,523
Specialty Clinics:	9,752

Non-admit Emergency Visits

Emergency Room:	4,737
Psychiatric Emergency Services:	358
Psychiatric Emergency Consults:	101

- Laguna Honda Hospital

Average Daily Census:	1,115
Acute Services:	9
Clarendon Hall:	164
AIDS/Hospice SNF:	26

- Mental Health

SFGH/Acute Psychiatric Beds:	79
(11 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	7

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,278
Health Center #2:	589
Health Center #3:	943
Health Center #4:	1,158
Health Center #5:	954
Tom Waddell Clinic:	2,894
Potrero Hill Health Center:	575
Southeast Health Center:	750
Special Programs for Youth:	3,076
TOTAL VISITS:	12,217

Disease Control

TB Clinic:	1,869
City Clinic:	1,408

- Bureau of Epidemiology and Disease Control
  Reportable Diseases

	4 Week Period Ending 01/29/94			Year-to-Date		
	1992	1993	1994	1992	1993	1994
AIDS*	118	697	220**	118	697	220**
Campylobacteriosis	40	41	32	40	41	32
Giardiasis	25	12	38	25	12	38
Hepatitis A	38	20	13	38	20	13
Hepatitis B	6	6	3	6	6	3
Salmonella	8	12	8	8	12	8
Shigella	18	23	13	18	23	13
TB	22	25	20	22	25	20
Gonorrhea	238	169	144	238	169	144
Syphilis	44	18	4	44	18	4

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

Dr. Hernandez reported at the March 1, 1994 meeting:

ADMINISTRATION

- FY 1994-95 Budget/SEIU Budgeted Salary and Fringe Costs: The Mayor's budget instructions require that departments set aside needed funding for the cost of salary and related fringe benefit costs for FY 1994-95. However, these increased costs are not to be included in the department's budget submission. For DPH, the amount budgeted for these costs is $9.4 million. As such, our budget submission will include $100.6 million in general funds and sets aside $9.4 million for salary increases. I have sent correspondence to the Mayor's Office stating that should the outcome of the SEIU lawsuit result in a reduced need of general funds, it is our understanding any excess funds would revert back to the Health Department, since this is part of the $110 million general fund allocation.

- FY 1994-95 Budget//Mental Health Reductions: For the past three years, the Department has tried to reduce the use of general funds for expensive acute care beds in favor of providing skilled nursing and community based services to the most seriously mentally ill. The acute care reductions in FY 1994-95 are consistent with the overall direction of the Department.

Historically, over the past three years, mental health funding has been reduced in State Hospital services, skilled nursing IMD services, and acute hospital services. In FY 1991-92, $20.5 million in State funds paid for 220 beds at Napa State Hospital. The current proposal for Napa beds is to reduce an additional $1 million from the State Hospital account, which would bring the funding down to $12 million to support a total of 87 beds.

Some of the locked 24 hour skilled nursing services provided by the IMD's were increased as we reduced State Hospital usage in FY 1992-93, however, these services were reduced again last year. Over the past three years, despite increasing Crestwood Hospitals capacity by 23 beds, a net loss of nine IMD beds over the last three years has occurred. Additionally the Department made reductions of $1.7 million in community based services as well over the past three years.

Should the City's zero based budget process result in savings to the General Fund, or if all of the funds now budgeted for SEIU benefits are not required, I will recommend that some funding be used to enhance some community service capacity in mental health and to begin to develop prevention programs for high risk families in SF neighborhoods. I will have more specific recommendations to the Commission and Mayor as we evaluate the impact of historical service cuts in the Mental Health System.

- Relocation of 101 Grove/Seismic Upgrade: As a result of the bond issue passed by the voters in 1990, an $11 million seismic upgrade of the 101 Grove Street building complex is scheduled to begin in March 1995 with an estimated completion timeline of 2 to 2-1/2 years. With the exception of the Public Health laboratory on the fourth floor and the Tom Waddell Clinic, all employees will be relocated to leased space in the greater Civic Center area. The Department is working with the Real Estate Department which is responsible for arranging for suitable office space that has not yet been identified. A hearing/meeting room of appropriate size will be found to hold Commission meetings during the construction period. When seismically upgraded, this building complex should structurally withstand an 8.3 earthquake, similar to the one in 1906.

- Safety Training for Staff: In the wake of the tragedy at 101 California last July and several violent incidents involving staff that have been reported in the Director's Report, the Department initiated a Workplace Safety Committee to devise proactive approaches for improving the personal safety of employees on the job from acts of violence. The committee is composed of managers from DMS, CPHS/AIDS and Operations. Both hospitals have their own safety committees.

  Two-hour safety training classes for 106 employees were conducted by Stephen La Plante, Institutional Police Supervisor for Dept. 83, on February 10 and 16. Most of the trainees were public health nurses and included trainees from other city departments. 82% of the attendees rated the training as excellent and it was clear from questions and comments that these employees were appreciative of the training. Additional classes for DPH employees will be scheduled.

  The Department is coordinating its violence prevention in the workplace activities with several other City departments, especially PUC, Muni, Rec & Park, Civil Service, DSS, and DPW. Close cooperation among departments wil benefit all City workers.

- Violence Survey: A DPH employee survey to plan public health programs to reduce violence has been developed by the Bureau of Health Promotion and will be reviewed shortly by the Expanded Executive Staff of the Department. The survey acknowledges violence as a public health problem that can be prevented through public health interventions. The survey will be circulated to all DPH employees.

  Information from the survey will be used to develop staff training activities to inform public health workers about the issues that influence acts of violence, along with effective strategies to reduce violence on and off the job.

- Residential Care Facilities: The Mayor has directed all departments involved with any future residential facility to require, as a condition of the contract, that the sponsoring agency notify neighborhood residents 45 days before such facilities, regardless of their size, are created. The notifications are to include, but not limited to, direct communications with the appropriate neighborhood associations. The intent is to keep residents fully informed.

- DPH Annual Report: The FY 1992-93 Annual Report of the Department of Public Health has just been released. The report highlights the major activities of the Department under the leadership of Dr. Raymond Baxter, describes departmental and divisional activities, and includes budget and financial reports. The report was compiled by Ms. Wendy Iwata, Director of Public Information, who can be contacted with comments or copies of the report.

SAN FRANCISCO GENERAL HOSPITAL

- Patient Stabbing on Hospital Grounds: Initial misleading media reports gave the impression that a 67 year old patient, Mrs. Juana Silva, who was stabbed in the neck by an unknown assailant, was ignored and left bleeding outside the main entrance to the hospital for an hour and a half last Thursday afternoon.

  In fact, the incident occurred on the steps near the sidewalk on Potrero Avenue, approximately half a block from the main hospital entrance, as the patient was leaving following a clinic appointment. A man approached her and after saying something she did not understand, pulled a knife and proceeded to slash her throat. The patient sat on the steps, leaning back against the wall in a sitting position.

  She was first noticed by three women who asked a young man passing by for assistance. As soon as he noticed the blood, he used his jacket to apply pressure to the neck wound and sent the women for medical assistance. A medical team responded immediately upon notification, and the patient was rushed to the Emergency Department where emergency surgery was performed to repair her lacerated jugular veins. The surgeon who performed the emergency surgery believes the wound which penetrated both the interior and anterior jugular veins were such that she would have died within 25-30 minutes of the stabbing without medical assistance. It is believed she was discovered by the passers-by within 15 minutes of the incident. The patient is now in stable condition and is expected to fully recover from the stabbing.

Security for the patients, employees, and visitors is an issue that is taken very seriously at San Francisco General Hospital. Additionally, SFGH has been recognized for its highly caring and compassionate staff.

Yesterday, the Department issued a press release responding strongly to the misinformation that Mrs. Silva was ignored and left unattended for an hour and a half.

- Paramedic Division Site: The Housing and Land Use Committee of the Board of Supervisors has been requested by Supervisor Tom Hsieh to review the seismic safety status of the Paramedic Division building at 25th and Potrero Streets.

  The Paramedic Division relocated from inadequate and unsafe facilities at Stanyan and Fredrick Streets in 1991. The renovated leased building on 25th Street meets local San Francisco seismic safety building codes, but there is some question about the building complying with State "Essential Services" building codes. The Paramedic Division is in the process of determining if additional upgrades are necessary, and will explore relevant costs to the Division or the buildings owner, and make recommendations for these improvements.

COMMUNITY PUBLIC HEALTH SERVICES

- SB 1432: On February 8, 1994 State Senator Rodgers introduced SB 1432 which expands the definition of venereal diseases to include HIV. The bill is tantamount to mandatory reporting of HIV Disease. It also would give the local health officer the right to quarantine anyone with HIV. The bill is counter to efforts to encourage voluntary testing and if passed, would likely discourage people from learning their HIV status. Supervisor Angela Alioto has introduced a resolution at the Board opposing SB 1432. The Department strongly supports the Supervisor's resolution.

- New Projections of the AIDS Epidemic: On February 15, 1994 the AIDS Office held a community forum to release new projections of the AIDS epidemic in San Francisco, through 1997. The annual number of new AIDS cases is estimated to have peaked at 3,326 in 1992 and is expected to decline to 1,204 annually by 1997. The number of persons living with AIDS has also peaked according to these projections, and is expected to decline gradually from a high of 9,109 persons living with AIDS in 1992 to 6,460 living with AIDS by the end of 1997. These trends reflect the dramatic reductions in new HIV infections which occurred a decade ago and which were achieved as a result of successful prevention campaigns waged in San Francisco during the past 10 years. The number of new AIDS cases are only now reflecting this change, because there is an average 10-year incubation period between infection with HIV and development of AIDS.

  While the projections are good news, they should not be used as a justification for decreasing AIDS funding. The costs of caring for each infected person is increasing. The increased costs are due to more complicated medical therapies and the increasing need of HIV-infected persons for non-medical care (e.g. housing) due to the high proportion of newly infected persons with other problems such as substance abuse and homelessness.

  Finally, the decrease in the number of AIDS cases is proof of the effectiveness of prevention efforts and should enhance our confidence level in prevention as a vital strategy of our fiscal policies.

- Health Center #1 Multidiagnosis Program (MDP): The Multidiagnosis Program (MDP) is designed to provide HIV patients at Health Center #1 with comprehensive, integrated primary care, mental health, and substance abuse services at a single site. The program goal is to assist patients to reduce harmful substance use, attenuate psychiatric symptoms, maintain continuity of primary medical care, improve psychosocial functioning, and meet basic survival needs. The MDP program has adapted the adult outpatient model of care used by the Division of Mental Health and Substance Abuse and has linked with existing primary care services at the health center.

  The MDP program offers HIV patients with psychiatric and/or substance abuse problems a continuum of services including: psychosocial assessment, brief psychotherapy, psychiatric medications and medication management, primary care, health education, crisis intervention, and case management. The multidisciplinary staff includes medical and psychiatric social workers, a registered nurse, a medical evaluations assistant, a part-time psychiatrist and part-time health educator.

  Funding for the program is provided through a combination of Ryan White CARE Supplemental funds and DPH general fund HIV reserve monies. MDP began providing limited services in July 1993 and will be fully operational when staffing is expected to be completed by the end of the month. The program has received over 90 referrals to date and 60 of these clients have received mental health and/or substance abuse services. All are currently receiving primary care services as well. An additional 30 clients are presently on a waiting list and will be contacted by the end of March.

  MDP is a first step in the implementation of the concept of community oriented primary care at Health Center #1 and provides the opportunity to improve patient care and access to a continuum of linked services. It is anticipated that this will contribute to more efficient utilization of resources and increased patient satisfaction.

- Resignation of Medical Director of Homeless Programs: It is with mixed feelings that I announce the resignation of Dan Wlodarczyk, M.D., from his part-time position as Medical Director of Homeless Programs in order to increase his work in Ward 86 at SFGH.

  "Dr. Dan", as he is known in the streets and shelters, personifies a program that has applied the principles of barefoot doctors to an urban setting, bringing a multidisciplinary team of health professionals and peers to homeless people wherever there is need. Dr. Wlodarczyk is widely acknowledged as an excellent clinician and a respected teacher. He is also noted for his pioneering work on homelessness and tuberculosis, his consultation with the Tenderloin Times newspaper and independent clinical review of the coroner's data on homeless deaths, his organization of a volunteer program for physicians through the San Francisco Medical Society, his recruitment of residents from internal medicine to go to remote sections of the city in an outreach van, his creation and oversight of a respite program that allows homeless people discharged from San Francisco General Hospital an opportunity to recuperate before returning to the shelters and streets, and his stewardship of a satellite clinic system that now encompasses ten locations outside of the Tom Waddell Clinic.

During his ten years as Medical Director of Homeless Programs, Dr. Wlodarczyk has been honored with the University of California's Chancellor's Award for commitment to humanitarian concerns. While we will very much miss Dr. Wlodarczyk in the Homeless Programs, we are fortunate that he will remain with the Department in his new duties at Ward 86 and at Southeast Health Center, where he has been a primary care physician for over ten years.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Local Nominee to Head Substance Abuse and Mental Health Services: On behalf of the Department and the Commission, congratulations have been extended to Ms. Nelba R. Chavez, Director of Probation Services for the local Juvenile Justice System, who has been nominated by the Clinton administration to head the government's substance-abuse and mental health services programs. The programs are part of the Public Health Service of the Department of Health and Human Services.

  Ms. Chavez is a specialist in behavioral health and substance abuse prevention and previously served as a member of the President's Commission on Mental Health and the White House Prevention Committee for a Drug-Free America.

- Adolescent Day Treatment Program: Children's Mental Health Services has been engaged in planning for developing services guided by principles of least restrictive settings, family centered and closest to homes, with designed flexibility and tailored to the unique needs of children.

  Within this context, when California Pacific Community Services indicated their desire to close the Adolescent Day Treatment Program (ADTC), the Division considered this an opportunity to further develop the service principles outlined. During the past two months, DMS has been planning jointly with ADTC to transition the 22 youth into alternative programs which include other day treatment, outpatient, school based, and intensive case management services. The process is now completed and the program is scheduled to close March 2, 1994. Additional capacity was purchased at McAuley Day Treatment and Edgewood for 12 youth and 10 other youngsters from ADTC have been placed into available treatment programs. Planning is underway to determine program needs and alternatives for future development.

- Homeless Services: DMS staff continue to maintain collaborative planning and program development linkages with the Mayor's Office of Homelessness. The primary focus has been in the area of securing grant funding and program planning.

  The mental health component of the Matrix program began in October of 1993 with two mental health workers, available forty hours a week, Monday through Friday. A substance abuse worker was added the last week in December when it became evident that a significant proportion of homeless individuals presented with severe substance abuse problems. The goal of the team has been to provide outreach, assessment, information and referral services to homeless individuals in need of mental health and substance abuse services.

  On February 16, over 85 persons participated in an all day planning session convened by the Department to: 1) develop an overview of the system of care, 2) identify service gaps and obstacles to access, and 3) recommend

future directions for homeless services. Workshop participant included representatives from social services, mental health, substance abuse, primary care, urgent care, community based organization, and administration. A full report will be finalized within the next few weeks at which time we will bring policy matters to the Commission for consideration.

- DMS Housing Plan Development: The action plan for DMS calls for the development of a housing plan for the mentally ill clients of the Division. To date, housing development for this population has been driven by funding availability rather than by the needs and therefore the priorities of the Division. The goal is to create a document that guides housing priorities for the next five years and involves agency representatives and individuals who have been involved in supported housing programs.

  The plan will be developed with the support and assistance of the Corporation for Supportive Housing (CSH). Meetings are scheduled in March and April with the final draft to be reviewed in May. The Health Commission will be updated on the planning process and the plan will be presented for review upon completion.

ENVIRONMENTAL HEALTH SWEEP

- Chinatown Neighborhood Sweep: The Department of Public Health was acknowledged by the Chinatown for Litter Free Environment and Neighborhood Council (CLEAN Council) for volunteering in a Chinatown Neighborhood Sweep. The neighborhood sweep occurred on Saturday, January 29, 1994 and was timed to usher in the Chinese New Year. The DPH team together picked up garbage and swept the street in the heavily populated Chinatown neighborhood. DPH volunteers included Ben Gale, Kenny Wong, Mel Seid, Larry Meredith, and Wendy Iwata.

President Jackson announced his appointment of Commissioner Chow to serve on the Joint Conference Committee of San Francisco General Hospital. He also announced the appointment of Commissioner Paras to the Joint Conference Committee at Laguna Honda Hospital.

5) **IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROP. Q), CONSIDERATION OF A RESOLUTION TO DETERMINE WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**

Public Speaker: Margaret Brady, retired City employee, not in support.

Action Taken: The Commissioners (Jackson, Kaufman, Castaneda, Chow and Paras) adopted Resolution #7-94, "Determining Whether the California Pacific Medical Center's Strategic Plan Will or Will Not Have a Detrimental Impact on the Health Care Service of the Community", (Attachment A). Commissioner Marton abstained from the discussion and vote on this item.

6) **CONSIDERATION OF A RESOLUTION ON THE PROVISION OF EMERGENCY MEDICAL SERVICES AT THE PRESIDIO**

Action Taken: The Commission unanimously adopted Resolution #8-94, "Supporting Emergency Medical Services for National Park Service, Golden Gate National Recreation Area on the Presidio", (Attachment B).

7) CONSIDERATION OF POLICY MATTERS RELATED TO THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

A) CONSIDERATION OF A RESOLUTION ESTABLISHING THE POLICY OF THE HEALTH COMMISSION CONCERNING 1994 LABOR NEGOTIATIONS WITH REGISTERED NURSES AND WITH PHYSICIANS AND DENTISTS

B) CONSIDERATION OF A RESOLUTION ON HEALTH RELATED PUBLIC SAFETY SERVICES

C) CONSIDERATION OF A RESOLUTION ON DEPARTMENT OF PUBLIC HEALTH CONTRACTOR BUDGET PROVISIONS FOR FY 1994-95

D) CONSIDERATION OF A RESOLUTION APPROVING REINVESTMENT OF DEPARTMENT OF PUBLIC HEALTH REVENUES INTO INFRASTRUCTURE AND CAPITAL AND PROGRAM NEEDS FOR FY 1994-95, CONSISTENT WITH THE MAYOR'S BUDGET INSTRUCTIONS AND PROPOSED CHARTER AMENDMENT AS INTRODUCED BY THE BOARD OF SUPERVISORS.

Action Taken: The Commission unanimously adopted Resolutions # 9-94, "Establishing the Policy of the Health Commission Concerning 1994 Labor Negotiations With Registered Nurses, Physicians and Dentists", (Attachment C); #10-94, "Urging the Mayor and the Board of Supervisors by the Health Commission to Fund Needed Health Related Public Safety and Violence Prevention Activities", (Attachment D); #11-94, "Contracting by the Health Commission Regarding Provisions for FY 1994-95", (Attachment E); and #12-94, "Recommending that the Department of Public Health Reinvest New Revenues in Identified Capital and Infrastructure Needs Consistent with the Mayor's 1994-95 Budget Instructions and the Charter Amendment Proposed by the Board of Supervisors", (Attachment F).

8) PUBLIC HEARING ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

Dr. Hernandez made a presentation outlining the following: (Full document is available from the Commission Office).

- FY 1994-95 Budget Principles.
- Mayor's Budget Instructions.
- Expenditure, Revenue and General Fund Trends.
- Revenue Estimates.
- Cost Containment and Administrative Efficiencies.
- Service Reductions.
- Capacity Enhancement.
- Violence/Crime Related Health Services.
- Departmentwide Expenditure Summary and Division Expenditure Summaries.

- Division Program Highlight Summaries:
  Community Public Health Services.
  Mental Health, Substance Abuse and Forensics.
  Laguna Honda Hospital.
  San Francisco General Hospital.

Dr. Hernandez also presented the Phase I, Department of Public Health Reorganization for FY 1994-95 (Attachment G). She emphasized the need for the Department to be competitive in the new health care environment of managed care. Therefore, DPH needs to reorganize and restructure.

Commissioner Paras expressed concern on the Department's infrastructure (i.e. - MIS systems).

Monique Zmuda, Acting Budget Director, presented the overall Department and Division's budget.

Note: Some of the speakers testified at the February 22, 1994 gathering. The speakers gave testimony opposing mental health, substance abuse, Center for Special Problems, and CIRT cuts in the proposed Department of Public Health budget.

Public Speakers:

Judith Stevensen, S.F. Assoc. of Mental Health Contractors
Mel Miles, Chair, Mental Health Board
Phyllis Spanglet, Mental Health Board
Janice Cohen, M.D., Mental Health Board
Darwin Dias, Mental Health Board
Michelle Aldrich, Drug Abuse Advisory Board
Steve Leoni, Consumer Task Force & Mental Health Assoc.
Steve Fields, Progress Foundation
Alicia Wilson, Mental Health Assoc. of S.F.
Dr. Jean M. Harder
Joyce Layne-Jordan, CIRT
Mario Paz, Mayor's Criminal Justice Council
Diana Brenes, CIRT
Roger L. Bartlett, Mutual Assistance Assoc. Council
Wendy Goldberg, Drug Abuse Adv. Board
Linda Jofuku, IFPTE, Local 21
Dr. Concha S. Saucedo, Ph.D., Latino Health Coalition
La Vaugh King, Mothers and Fathers of Concern
Belinda Johnson, CIRT
Paul Boden, Coalition on Homelessness
Bernice Cobb, parent
Josh Brandon, Coalition on Homelessness
Deborah Whittle, CIRT Advisory Board
Herman Jones, SFPD
Lina Morales, Horizons Unlimited
Frances Luster, CRIT and CSP

Dr. Hernandez emphasized the Department's commitment to the CIRT program remaining in the Department, to have no disruption of services in June 1994 (end of FY 1993-94), and to have funding for the program for FY 1994-95.

9) CONSIDERATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

Commissioners' comments:

a) Commended Dr. Hernandez for an innovative budget for FY 1994-95, with most minimal impact in the Department of Public Health.

b) As a potential area to mitigate proposed service cuts, look at any one-time savings in the current Department of Public Health budget.

c) Commended Dr. Hernandez for extrapolating policy issues.

d) Supports concept of prevention dollars to serve larger numbers of persons, not just a few.

e) Supports zero-based budgeting approach.

f) Emphasized the importance of leadership towards interdepartmental cooperation and collaboration.

g) Appreciates this year's unusual budget process with a common-sense approach.

Commissioner Marton requested a report describing in detail the impact of FY 1993-94 budget cuts in the Department of Public Health.

Commissioner Chow raised the question in the area of mental health and substance abuse whether there are still unmet needs, especially within the new immigrant population (i.e. - prevention programs) and how the Department of Public Health Mission Statement correlates with the budget.

Dr. Hernandez acknowledged Tony Wagner, Monique Zmuda, Tangerine Brigham; technical staff Al Diaz, Cynthia Bautista, Galen Leung and Peter Praetz; and members of her executive team for their hard work towards producing the proposed budget for FY 1994-95.

Action Taken: The Commission unanimously adopted the proposed DPH budget for FY 1994-95, (Attachment H).

10) PRESENTATION AND CONSIDERATION OF A POLICY OF THE DEPARTMENT OF PUBLIC HEALTH ON INFORMATION SYSTEMS IN PREPARATION FOR MANAGED CARE

Larry Meredith, Ph.D., Deputy Director for Operations, presented an overview of the Department of Public Health Information Systems plan for current and future clinical, financial and administrative date needs. Participants in the planning were the Department of Public Health Executive Committee, Managed Care Steering Committee, key U.C. physicians and consultants from Coopers and Lybrand. Full report is available in the Commission Office.

Commission concerns:

a) Confidentiality.
b) Training and personnel.

c) Effects from natural disasters.
d) Physician-order entries to be included.
e) Budget methodology be realistic in preparing for managed care.
f) Social work information to be included.
g) Operational costs to be competitive beyond the first five years.
h) To build on existing investments for information systems.

David Counter, DPH MIS Director, assured the Commission that all of their concerns are included in the MIS plan.

Action Taken: The Commissioners unanimously adopted Resolution #13-94, "Approving the Department of Public Health's Management Information System's Strategic Direction and Program Plan", (Attachment I).

11) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Dr. Jean Harder supports Center for Special Problems. Paul Boden, advocate for the homeless does not support the Matrix Program.

Dr. Hernandez will look into issues raised by Mr. Boden on the Matrix Program (i.e. - access to substance abuse services for homeless persons) and will report back to the Commission. She also will bring appropriate policy issues to the Commission in relation to the Matrix Program.

12) EXECUTIVE SESSION:

A) PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $6,252.40, FOR MARK DEFREN V. CCSF. (SFGH)

B) PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF A SETTLEMENT IN THE AMOUNT OF $10,000 FOR JUAN JOSE ESCOBAR V. CCSF, S.F. SUPERIOR COURT #943-150). (SFGH).

Action Taken: The Commission unanimously adopted the recommended settlements for the above two items.

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (9)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-94

DETERMINING WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER'S STRATEGIC PLAN WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, the move toward national and statewide health reform has necessitated that existing health care delivery systems develop capitated, managed care delivery models in order to complete for market share of patients, or risk losing a fundamental financial base in which to continue to be viable; and

WHEREAS, the California Pacific Medical Center has developed and completed a Strategic Plan, which addresses the conversion of its system to a new delivery model, and which includes a restructuring of the clinical configuration of its major campuses emphasizing outpatient services, including California and Pacific Campus reductions in staff; and,

WHEREAS, the California Pacific Medical Center has in good faith complied with the spirit of the Community Health Care Planning Ordinance (Proposition Q); and,

WHEREAS, on February 1, 1994 the Health Commission held a public hearing at which representatives of California Pacific Medical Center and the public presented testimony; now, therefore, be it

RESOLVED, that based on the public hearing, the San Francisco Health Commission determines that the California Pacific Medical Center's Strategic Plan will be unlikely to have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the California Pacific Medical Center's Board of Directors to address concerns regarding these changes as they arise, and to monitor the impact on services to the community as the Strategic Plan is implemented.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-94

SUPPORTING EMERGENCY MEDICAL SERVICES FOR NATIONAL PARK SERVICE, GOLDEN GATE NATIONAL RECREATION AREA ON THE PRESIDIO

WHEREAS, the Presidio of San Francisco is scheduled to be transferred to the National Park Service, Golden Gate National Recreation Area; and

WHEREAS, once the jurisdiction of the Presidio of San Francisco is transferred to the National Park Service (NPS), the NPS will provide advanced life support emergency medical services within its jurisdiction; and,

WHEREAS, the EMS Agency medical director for the City and County of San Francisco establishes and maintains medical control and assures medical accountability throughout the planning, implementation and evaluation of the EMS system within his/her jurisdiction; and,

WHEREAS, the California State EMS Authority, the Health and Safety Code, the California Code of Regulations, and the NPS, Golden Gate National Recreation Area, pursuant to the NPS's Management Policy are each responsible for certifying comparable emergency medical technicians-paramedics in the delivery of advanced life support and other emergency medical services within their respective jurisdictions; and,

WHEREAS, the NPS Management Policies mandate the NPS to assure adequate emergency care and transportation services are available for visitors to the Golden Gate National Recreation Area who are injured or ill; and

WHEREAS, the NPS and San Francisco City and County jurisdictions for emergency care are adjoining; now, therefore, be it

RESOLVED, that NPS emergency medical services shall be authorized to use Base Hospital services and shall coordinate all other EMS services through the EMS Agency pursuant to the Memorandum of Understanding; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission approves the Memorandum of Understanding between the National Park Service and the City and County of San Francisco for emergency medical services support; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Board of Supervisors to approve this MOU.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-94

ESTABLISHING THE POLICY OF THE HEALTH COMMISSION CONCERNING 1994 LABOR NEGOTIATIONS WITH REGISTERED NURSES, PHYSICIANS AND DENTISTS

WHEREAS, the Mayor's Office will soon begin labor negotiations with several bargaining units, including the staff nurse and per diem nurse, bargaining unit (Unit 8-D) represented by SEIU Local 790 (approximately 1200 staff nurses and several hundred per diem nurses); the supervisory nurse bargaining unit (Unit 11-B) represented by Teamsters Local 856 (approximately 200 employees); and the physicians and dentists bargaining units (Units 8-CC and 11-AA) represented by the Union of American Physicians and Dentists (approximately 230 full-time equivalent employees), and other bargaining units; and

WHEREAS, these negotiations will determine salary and benefit compensation for these groups of employees for fiscal year 1994-95 and perhaps beyond. Due to significant improvements in the salary and benefit compensation packages for registered nurses and physicians over the past four years, the Department no longer experiences severe recruitment and retention problems in these classes of employment; and,

WHEREAS, the Department must contain costs and reduce the cost of units of service in order to compete in a managed care environment, and increased competition for patients will require both public and private health care institutions to reduce costs, and the Department presently has higher costs than private competitors; and,

WHEREAS, the Department's strategic direction for organizational restructuring to prepare for health care reform describes various cost reduction methodologies, containing costs of labor which can be achieved through labor negotiations; and,

WHEREAS, the Department's proposed 1994-95 budget does not include additional funds for salary and benefit increases for those groups of employees whose labor contracts are open for negotiations for next fiscal year; now, therefore, be it

RESOLVED, that the Health Commission establishes as its policy that new labor agreements with registered nurses, physicians and dentists should not include increases in salary and benefit compensation; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor to insure that new labor agreements with these groups of employees do not include increases in salary and benefit compensation; and, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-94 (Cont'd.)

FURTHER RESOLVED, that in the event the Mayor and Board of Supervisors agree to provide salary and benefit compensation increases, the City will need to develop a plan to accommodate such compensation increases.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-94

URGING THE MAYOR AND THE BOARD OF SUPERVISORS BY THE HEALTH COMMISSION TO FUND NEEDED HEALTH RELATED PUBLIC SAFETY AND VIOLENCE PREVENTION ACTIVITIES

WHEREAS, public safety is a significant concern of all San Franciscans, and the prevention of violence is a critical ingredient of effective public safety strategies; and

WHEREAS, the Mayor, the Board of Supervisors and the Department of Public Health are committed to the reduction of crime, particularly violent crime; and the Department of Public Health has incorporated in its mission the protection of health and safety of all San Franciscan; and,

WHEREAS, the Department of Public Health endorses the concept that violence is a public health issue for which prevention is a critical component; and,

WHEREAS, the City and County are investigating substantial resources to enhance a wide range of criminal justice activities designed to reduce crime; and,

WHEREAS, there are both direct and indirect linkages among the activities of criminal justice agencies and the services provided by the Department of Health; and,

WHEREAS, the City's General Fund currently supports approximately $29 million annually in services within the Department of Public Health focusing on public safety, primarily in intervention, victim related services, and programs designed to provide basic medical and psychiatric services for incarcerated persons, and to offenders released by the criminal justice system; and

WHEREAS, the Department of Public Health has continued to face reductions in General Fund allocation, and currently needs to refocus all available resources to address the challenges of federal and state health reform, and cannot continue all of the existing range of crime related health services in its Fiscal Year 1994-95 budget allocation; now, therefore, be it

RESOLVED, that to maximize the comprehensiveness and effectiveness of health related public safety efforts, available funding must be redistributed by the Department of Public Health to emphasize prevention and treatment services; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor and the Board of Supervisors to consider crime and violence related expenditures within the Department of Public Health as a critical part of funding targeted toward public safety priorities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-94

CONTRACTING REGARDING PROVISIONS FOR FISCAL YEAR 1994-95 BY THE HEALTH COMMISSION

WHEREAS, the Department of Public Health provides many of its essential services through contracting with community based agencies in San Francisco; and

WHEREAS, the Department of Public Health's strategic direction is to reduce its costs, increase its productivity and develop an integrated health delivery system for clients; and,

WHEREAS, the Department proposes to balance its budget by increasing revenues and containing costs within all of its services; and,

WHEREAS, the Department is planning to contain its labor costs for fiscal year 1994-95 and its contractor costs; and,

WHEREAS, the Department is working with the major contractors to maintain quality services while reducing their administrative and operating costs through joint partnerships and establishing prime vendor and master contract relationships; and,

WHEREAS, the Department is reorganizing its contracting systems to reduce processing time and duplication, to reduce payment delays and to increase coordination and integration of services; and,

WHEREAS, the Department is reviewing its payment process to encourage fee for service based reimbursement; and,

WHEREAS, the Department is reviewing its payment process to encourage fee for service based reimbursement; and

WHEREAS, the Department is reviewing its contract provisions to include acceptance of risk with corresponding incentives to selected contractors; and

WHEREAS, the Department proposes to maintain current level of funding for contractual services for fiscal year 1994-95, and proposes that any savings accrued by contractors' cost saving initiatives be used to pay for cost increases and increases in service capacity; now, therefore, be it

RESOLVED, that the Health Commission endorses these contract provisions for fiscal year 1994-95, and encourages the Department to proceed to implement any changes to the contract process which would facilitate the delivery and administration of contract services.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-94

RECOMMENDING THAT THE DEPARTMENT OF PUBLIC HEALTH REINVEST NEW REVENUES IN IDENTIFIED CAPITAL AND INFRASTRUCTURE NEEDS CONSISTENT WITH THE MAYOR'S 1994-95 BUDGET INSTRUCTIONS AND THE CHARTER AMENDMENT PROPOSED BY THE BOARD OF SUPERVISORS

WHEREAS, capital improvements to existing facilities are critical to the Department of Public Health's ability to fulfill its mission and the Department's current capital, information systems and infrastructure designs prohibit it from effectively providing services in a managed care environment; and

WHEREAS, capital, information system and infrastructure improvements will enable the Department to provide cost-effective, client and community focused services in an integrated delivery system; and.

WHEREAS, improved information systems will provide the Department with the ability to conduct assessments, better monitor service utilization and provide better accountability for service expenditures; and,

WHEREAS, the City and County have very limited budgets for the purchase of capital equipment and the funding of capital improvement projects; and,

WHEREAS, the Department has been successful in increasing the amount of federal and state revenues to fund health care services; and,

WHEREAS, the Department believes that programs should be given an incentive whereby if they exceed their revenue goals and/or have realized cost savings should be able to use these excess funds to address program infrastructure needs; and

WHEREAS, the Mayor's Office 1994-95 budget instructions state the Mayor's commitment to favorably consider the Department's request to reinvest new revenues in one-time investments; and

WHEREAS, members of the Board of Supervisors have proposed a charter amendment to create a mission-driven budgeting process for the City and County that would reward Departments which exceed their revenue projections and/or expend fewer funds in meeting Department operational goals by allowing these Departments to reinvest excess dollars in new initiatives; and,

WHEREAS, the Department of Public Health has proposed that new revenues identified during the 1994-95 budget year be reinvested back into the Department to fund known and newly identified infrastructure needs; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-94 (Cont'd.)

RESOLVED, that the San Francisco Health Commission endorses the proposal to reinvest new revenues identified by the Department in fiscal year 1994-95 for one-time infrastructure needs; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission directs staff to prepare the necessary documentation for the reinvestment of new revenues in capital improvements, information systems and infrastructure, and, be it

FURTHER RESOLVED, that the San Francisco Health Commission strongly urges the Mayor and the Board of Supervisors to consider and approve funding requests to meet the need for infrastructure, information systems and capital improvements at the Department of Public Health's facilities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT A

PHASE I DPH REORGANIZATION
FISCAL YEAR 1994-95

I. Service Delivery System

- Integration of all out-patient, ambulatory, and primary care services

  1) General Medical Clinic (SFGH)
  2) Family Health Clinic (SFGH)
  3) Primary Care Network (CPHS)
  4) Pediatrics (SFGH)
  5) California Children's Services,CHDP (CPHS)
  6) Family and Children's Dental Services
  7) Obstectrics/Gynecology (SFGH)
  8) Perinatal Services (CHPS)

- Integration of Physical, Mental Health, and Substance Abuse services targeting the homeless and the incarcerated.

- Administrative integration of Mental Health and Substance Abuse units within DMS

II. Brokerage

- Contracts' Units Consolidation (AIDS Office, Central Office, DMS)

  1) Master contracting
  2) Simplified standardized monitoring and program reporting
  3) Equitable performance measures
  4) Improved invoice processing

III. Regulatory

- Consolidate Toxics and Environmental Health

- Consolidate Epidemiology/Disease Control and Surveillance

1994-95 BUDGET

Expenditures & Revenue	1993-94 Budget: Original 1993-94 Budget	1993-94 Budget: Revisions to 1993-94 Budget	1993-94 Budget: Revised 1993-94 Budget	1994-95 Baseline Budget: Estimated Baseline Adjustments	1994-95 Baseline Budget: 1994-95 Baseline Budget	1994-95 Budget Adjustments: Revenues & Assoc. Exp. Adjustments	1994-95 Budget Adjustments: Admin. & Operating Adjustments	1994-95 Budget Adjustments: Service Adjustments	1994-95 Budget Adjustments: Total Adjustments	1994-95 Budget: Proposed 1994-95 Std Budget	1994-95 Budget: Salary Standard	1994-95 Budget: Proposed 1994-95 Unstd Budget
Department of Public Health - All												
Gross Expenditures	602,221,066	59,054,199	661,275,265	60,137,169	721,412,434	3,600,000	-8,818,000	-371,003	-5,589,003	715,823,431	-9,455,399	706,368,032
less W O Recovery	-12,579,814	-2,494,548	-15,074,362	-3,564,652	-18,639,014	0	0	0	0	-18,639,014	16,966	-18,622,048
Net Expenditures	589,641,252	56,559,651	646,200,903	56,572,517	702,773,420	3,600,000	-8,818,000	-371,003	-5,589,003	697,184,417	-9,438,433	687,745,984
Revenues	492,184,065	33,059,422	525,243,487	31,491,274	556,734,761	26,400,850	1,000,000	3,048,997	30,449,847	587,184,608	-6,817	587,177,791
Misc Revenues	455,710,074	33,051,844	488,603,683	-7,023,901	476,579,782	26,253,000	1,000,000	3,048,997	30,301,997	506,881,779	-6,817	506,874,962
Grant Revenues	41,632,226	7,578	41,639,804	38,515,175	80,154,979	0	0	0	147,850	80,302,829	0	80,302,829
General Fund	97,457,187	23,500,229	120,957,416	25,081,243	146,038,659	-22,800,850	-9,818,000	-3,420,000	-36,038,850	109,999,809	-9,431,616	100,568,193
Total Revenues	589,641,252	56,559,651	646,200,903	56,572,517	702,773,420	3,600,000	8,818,000	-371,003	-5,589,003	697,184,417	-9,438,433	687,745,984
Total Budget less Incr in Annl Grants	589,641,252	56,559,651	646,200,903	20,031,678	666,232,581	3,600,000	-8,818,000	-371,003	-5,589,003	660,643,578	-9,438,433	651,205,145

Attachment H
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-94

APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S MANAGEMENT INFORMATION SYSTEM'S STRATEGIC DIRECTION AND PROGRAM PLAN

WHEREAS, the Department of Public Health must reorganize into a comprehensive integrated, cost-effective delivery system that focuses on prevention, primary care and chronic, long-term care; and

WHEREAS, the Department must transition to a managed care model with capitated funding in a shared risk environment; and,

WHEREAS, one of the critical factors in establishing an integrated, cost-effective delivery system is the presence of an effective automated information system; and,

WHEREAS, the Department's present installed information system is unable to meet the clinical and business functional demands of a managed care delivery system due to its obsolescence and limited functionality; and,

WHEREAS, the Department has conducted a thorough assessment of its needs, including a comparative analysis and risk assessment of health care technology in the marketplace; and,

WHEREAS, the Department has developed a Six-Year Management Information Systems Project Plan consistent with Department's recently adopted Strategic Direction; and

WHEREAS, it is recognized that the Management Information Systems strategic planning must reflect and be consistent with the evolving nature of the Department's Strategic Direction and reorganization; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the Department's Management Information System's Strategic Direction and Program Plan; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission regards the Management Information Systems Program Plan as a critical priority for the Department, and expenditures for implementing the Strategic Direction and Program Plan will be considered a top priority with an annual review and approval process.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
March 15, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 1, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Update on FY 1993-94 San Francisco General Hospital expenditures and revenues.

(3.2) Presentation of the 2nd Quarterly Report on Department of Public Health FY 1993-94.

(3.3) Consideration of a resolution recommending that the Board of Supervisors accept the bequest of John B. Fortunio of personal property and an interest in real property to Laguna Honda Hospital and San Francisco General Hospital AIDS Ward.

(3.4) CHS - AB75 - Modification to contract with the San Francisco Mime Troupe in the amount of $20,000 for a Smokefree Theater Project for the period of September 27, 1993 through June 30, 1994. (DPH contracted with San Francisco Mime Troupe for services totaling $80,000 in FY 1992-93).

(3.5) CHS - AIDS -Sole Source request and Contract Modification with The Support Center, in the amount of $211,400, for the development of an HIV Prevention Plan for the City and County of San Francisco, for the period of February 18, 1994 through December 31, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 1992-93).

(3.6) CHS - AIDS - New contract with San Francisco AIDS Foundation in the amount of $2,526,417 for the provision of HIV/AIDS Prevention and Psychosocial Support Services for the period of April 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,985,095 in FY 1992-93).

(3.7) CHS - AIDS - New contract with National Task Force on AIDS Prevention/KOKUA, in the amount of $1,451,015 for the provision of HIV/AIDS Prevention and Psychosocial Support Services for the period of April 4, 1994 through June 30, 1995. (DPH contracted with National Task Force for services totaling $219,045 in FY 1992-93).

(3.8) CHS - AIDS - Renewal contract with UCSF AIDS Health Project, in the amount of $367,204 per year to provide antibody testing and linkage to early intervention and prevention services for the period of January 1, 1994 through December 31, 1997. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93, exclusive of the Affiliation Agreement).

(3.9) CHS - AIDS - Renewal contract with UCSF AIDS Health Project in the amount of $311,821 per year to provide antibody testing and linkage to early intervention and prevention services for the period of July 1, 1993 through June 30, 1997.

(3.10) CHS - AIDS - Renewal contract with Catholic Charities of San Francisco, in the amount of $73,022 to provide continuing support for Rita da Cascia House as a residence for women and families with symptomatic HIV infection for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Catholic Charities for services totaling $1,128,425 in FY 1992-93).

(3.11) CHS - Environmental Health - Requesting approval to apply for accept and expend a new grant in the amount of $1,266,381 from the State Department of Health Services to provide childhood lead poisoning prevention services for the period of January 1, 1992 through June 30, 1995.

(3.12) CHS - Maternal and Children Health - Modification to the contract with C.A.H.E.E.D Day Care Center, in the amount of $28,132 to provide education and supportive services for pregnant and postpartum African-American women and their infants, for the period of April 1, 1994 through June 30, 1994. (DPH contracted with C.A.H.E.E.D Daycare Center for services totaling $66,000 in FY 1992-93).

(3.13) LHH - Medical Services - Request to approve a resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with the Controller's certification that inpatient dental services at Laguna Honda Hospital can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1994 through June 30, 1995.

(3.14) SFGH - Department of Psychiatry - Sole Source request and contract with Richmond Area Multi-Services, Inc., in the amount not-to-exceed $918,000, to provide San Francisco General Hospital with a Partial Hospitalization program serving primarily Asian patients in the Richmond District of San Francisco for the period of May 1, 1994 through January 31, 1995. (DPH contracted with Richmond Area Multi-Services, Inc. for services totaling $887,734 in FY 1992-93).

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D.. Director of Public Health)

5) PRESENTATION OF A REPORT ON THE PROFILE OF INJURY IN SAN FRANCISCO

6) CONSIDERATION OF A RESOLUTION FROM THE STATE MANAGED CARE LOCAL INITIATIVE STEERING COMMITTEE ON GOVERNANCE ISSUES

7) CONSIDERATION OF A RESOLUTION ON MENTAL HEALTH MANAGED CARE

8) CONSIDERATION OF A RESOLUTION REGARDING THE ST. FRANCIS MEMORIAL HOSPITAL BOARD OF DIRECTORS AND ITS LACK OF COMPLIANCE WITH HEALTH COMMISSION POLICY ON AFFIRMATIVE ACTION AND REQUESTING THE HUMAN RIGHTS COMMISSION TO LOOK INTO THIS MATTER

9) PRESENTATION AND PUBLIC HEARING ON THE SINGLE PAYOR INITIATIVE FOR HEALTH CARE REFORM

10) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 15, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 1994

Action Taken: The Commission unanimously adopted the minutes of the regular meeting of March 1, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Update on FY 1993-94 San Francisco General Hospital expenditures and revenues.

Peter Praetz, San Francisco General Hospital Finance Director, reported the same information as last month, with a projected $20 million deficit for this fiscal year. Mr. Praetz is optimistic about SB 910 Medi-Cal revenues.

(3.2) Presentation of the 2nd Quarterly Report on Department of Public Health FY 1993-94.

(3.3) Consideration of a resolution recommending that the Board of Supervisors accept the bequest of John B. Fortunio of personal property and an interest in real property to Laguna Honda Hospital and San Francisco General Hospital AIDS Ward.

(3.4) CHS - AB75 - Modification to contract with the San Francisco Mime Troupe in the amount of $20,000 for a Smokefree Theater Project for the period of September 27, 1993 through June 30, 1994. (DPH contracted with San Francisco Mime Troupe for services totaling $80,000 in FY 1992-93).

Commission Castaneda expressed concern on giving more funding prior to evaluation of services. The Department has reviewed the program and felt positive about the program.

Commissioner Paras requested the schedule of performances.

(3.5) CHS - AIDS -Sole Source request and Contract Modification with The Support Center, in the amount of $211,400, for the development of an HIV Prevention Plan for the City and County of San Francisco, for the period of February 18, 1994 through December 31, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 1992-93).

This item was postponed.

(3.6) CHS - AIDS - New contract with San Francisco AIDS Foundation in the amount of $2,526,417 for the provision of HIV/AIDS Prevention and Psychosocial Support Services for the period of April 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,985,095 in FY 1992-93).

Dr. Mitch Katz described collaborative efforts with the goal of more efficient services to clients. He emphasized that the change will be an evolutionary one. Commissioner Paras inquired as to what steps each fiscal agent has taken to prepare for its role with the many subcontractors. Representatives from the S.F. Foundation and the National Task Force on AIDS Prevention/KOKUA reported their additional administrative steps.

(3.7) CHS - AIDS - New contract with National Task Force on AIDS Prevention/KOKUA, in the amount of $1,451,015 for the provision of HIV/AIDS Prevention and Psychosocial Support Services for the period of April 4, 1994 through June 30, 1995. (DPH contracted with National Task Force for services totaling $219,045 in FY 1992-93).

(3.8) CHS - AIDS - Renewal contract with UCSF AIDS Health Project, in the amount of $367,204 per year to provide antibody testing and linkage to early intervention and prevention services for the period of January 1, 1994 through December 31, 1997. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93, exclusive of the Affiliation Agreement).

(3.9) CHS - AIDS - Renewal contract with UCSF AIDS Health Project in the amount of $311,821 per year to provide antibody testing and linkage to early intervention and prevention services for the period of July 1, 1993 through June 30, 1997.

(3.10) CHS - AIDS - Renewal contract with Catholic Charities of San Francisco, in the amount of $73,022 to provide continuing support for Rita da Cascia House as a residence for women and families with symptomatic HIV infection for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Catholic Charities for services totaling $1,128,425 in FY 1992-93).

Commissioner Paras commented that the response from Catholic Charities regarding demographics of its Board is unresponsive. Commissioner Paras requested the AIDS Office to work with the contractor for a more responsive plan to Health Commission policy.

(3.11) CHS - Environmental Health - Requesting approval to apply for accept and expend a new grant in the amount of $1,266,381 from the State Department of Health Services to provide childhood lead poisoning prevention services for the period of January 1, 1992 through June 30, 1995.

(3.12) CHS - Maternal and Children Health - Modification to the contract with C.A.H.E.E.D Day Care Center, in the amount of $28,132 to provide education and supportive services for pregnant and postpartum African-American women and their infants, for the period of April 1, 1994 through June 30, 1994. (DPH contracted with C.A.H.E.E.D Daycare Center for services totaling $66,000 in FY 1992-93).

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This is the first program of this kind administered by San Francisco General Hospital. Clients are residents of San Francisco, targeting Richmond District's Asian population.

Commissioner Paras encouraged continued coordination and planning between the DMS and San Francisco General Hospital.

Action Taken: The Commissioners (Jackson, Kaufman, Castaneda and Paras) approved the Consent Calendar of the Budget Committee with Commissioner Paras not voting on the Shanti Project.

4) DIRECTOR'S REPORT
(Sandra R. Hernandez, M.D., Director of Public Health)

BUDGET UPDATE

- MOCYF Children's Services Fund: As reported in the FY 1994-95 budget report, substance abuse programs for children and youth which will be funded by the Mayor's Office of Children, Youth, & Their Families (MOCYF) in FY 1993-94. Anthony Lincoln of MOCYF and I agreed that these community agencies should apply for continuation funding (FY 94-95) via the MOCYF community RFP process. The Department of Public Health, through Community Substance Abuse Services, will submit a letter of intent on March 16, 1994 to submit an RFP for $1.2 million for adolescent drug treatment programs that are funded through Prop J in FY 1993-94.

  The Children's Services Fund is restricted to services for youth under the age of 18. The DPH RFP will request funding for children and adolescents, 18 years and younger. CSAS staff is working with the providers to review

demographics regarding the % of current services that meet the age criteria. I will be working with Mr. Jue on a plan to continue to provide services for clients not meeting the Prop J age limit.

CITYWIDE PLANNING EFFORT FOR CHILDREN AND YOUTH SERVICES

- Mayor's Executive Resolution: Efforts to identify a method for securing citywide planning for Children and Youth Health Services has resulted in the Mayor issuing an Executive Resolution to department heads, agencies and commissions, and an invitation to the School District, Housing Authority and the Private Industry Council, to participate in an Annual Strategic Planning Process for Children, Youth and Families. The charge of overseeing the process is being delegated by the Mayor to the existing Collaborative Planning Committee (CPC). At present, the CPC is made up of department representatives, selected representatives of nine identified neighborhoods, Mayor's Office of Children, Youth and Families, community based organizations, and is co-chaired by Dr Abner Boles of DPH and Mr. Raymond Colmenar, of the South of Market Problem Solving Council, representing the community organizations and neighborhoods. This designation and mandate by the Mayor will identify one entity and process to coordinate leveraging, data collection, programming and service delivery for the city. I will be working with the Human Services Cluster to provide support for the CPC activities and keep the Commission informed of this work.

SAN FRANCISCO GENERAL HOSPITAL

- Deferral of Medi-Cal Elective/Non-Urgent Services: Effective February 10, 1994, the Department of Health Services implemented new regulations for a 90 day deferral of Medi-Cal elective/non-urgent services. The State is deferring all treatment authorization for services that can be delayed "without serious jeopardy to a patient's health" for a period of 90 days. After 90 days, the provider can re-request approval for the service.

  From February 10-28, 1994, SFGH submitted 85 treatment requests. Of these requests, 52 were approved, 24 were deferred for 90 days, and 9 were denied. Of the 24 that were deferred, 17 were resubmitted as urgent. As of March 8, 1994, 4 of these have been approved. Of those cases that were deferred, the requests included cases involving cervical cancer, uterine prolapse, cystocele, undescended testicles, and a hip replacement.

  A public hearing will be held on these new regulations in Sacramento on April 13. Additionally, the California Association of Public Hospitals (CAPH) is working with a legal aid service to file a lawsuit against the State. SFGH is working to develop testimony to present at the public hearing and in support of the lawsuit. The hospital will provide regular updates to the SFGH Joint Conference Committee.

LAGUNA HONDA HOSPITAL

- Facility Replacement Project Status Report: The hospital is reviewing final drafts of the Institutional Master Plan and a revised Bond Program Report. The revised Facility Replacement Plan reflects planning improvements incorporated over the past two years which have decreased the project cost by $66 million to a total estimated escalated cost of $481.8 million. The Department is finalizing membership in a revitalized Community Advisory Group, and a meeting will be scheduled in the near future to present and discuss the Institutional Master Plan and the revised Bond Program Report.

The Institutional Master Plan will be presented to the Commission later this spring for review and approval, then will be forwarded to City Planning for public review and comment. Hospital staff will be prepared to submit the revised Bond Program Report to the Health Commission; and then to the Mayor's Office, the Board of Supervisors, and the Capital Improvement Advisory Committee for review and comment.

Given the current economic environment, the state of flux in the health care industry due to federal legislative reform and competing interest for limited City & County bond indebtedness capacity, Mr. Wagner is assuming that the Laguna Honda Replacement Bond will not go forward for the November 1994 election.

During Mr. Wagner's recent trip to Washington, D.C., he also began exploration of alternative and supplemental funding sources for capital improvements to long-term care facilities. He believes it is in the best interest of the City & County and the project to fully explore these opportunities before advancing this project.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/Announced Opening of Bath House in San Francisco: The owners of a bath house in Berkeley have announced their intention to open a bath house in San Francisco on Turk Street. The Department has already notified the owners that we would oppose a bath house like the one in Berkeley, which has private rooms with closed doors. It is unclear whether the owners will be able to open a bath house as they do not yet have Police Department approval. A hearing in front of the Police Chief is scheduled for March 30, 1994 and there is expected to be strong protests from the North of Market Neighborhood group. The Department will be present at the hearing to express our concerns regarding any activities that might occur in a bath house that would pose a public health risk to clients.

  As you will remember, at the end of December, the Department closed a sex club because it was too dark to perform adequate monitoring. This club remains closed. The Department will continue to work with the owners of existing sex clubs to ensure that the clubs do not allow unsafe sexual activities and that all activities would be monitored.

- NIH Announces AZT Substantially Reduces Risk of Mother-to-Infant HIV Transmission: Special Programs for Youth and the AIDS Office report that on February 18, 1994, the National Institutes of Health (NIH) announced the results of an important study in which HIV-positive pregnant women and their newborn infants were treated with AZT. The NIH ended the study after a preliminary analysis revealed that, among 364 newborns tested for HIV, treatment with AZT reduced by two-thirds the occurrence of mother-to-infant HIV transmission -- from 25 out of 100 in the control group to 8 out of 100 in the group of women receiving AZT. All women in the study will now be offered AZT based on these results. Although the NIH warns that the long-term effect of AZT use on infants of women taking the drug are unknown, these findings strongly suggest that mother-to-infant HIV transmission could be significantly decreased using AZT. In light of this study, the Department is reviewing its efforts for outreach, identification, and treatment to HIV infected pregnant women.

- Hepatitis B in Injecting Drug Users: Epidemiology and Disease Control reports that between 1992 and 1993 San Francisco experienced a significant decrease in hepatitis B in injecting drug users. A similar reduction occurred between 1987 and 1988. In 1988 Bleachman was introduced to San Francisco streets; in 1993 the City began an official needle exchange program. Since this information was not collected to study the effects of either of these programs it is not possible to state that the programs caused the reductions, however it is interesting to note that these changes are both coincident with programs to reduce disease transmission in drug users. There has been no significant change since 1987 of hepatitis B in gay men.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- L.A. Disaster Response Debriefing: DMS has received letters of appreciation from the Mental Health Commission of Los Angeles and the Federal Emergency Management Agency for the dedicated and competent professional assistance provided by the DMS teams in the aftermath of the Los Angeles earthquake. The Mental Health Commission voted unanimously to commend DMS for promptly assisting L.A. County after their disastrous earthquake of Monday, January 17, 1994. Both the Mental Health Commission and FEMA has expressed gratitude for our staff for providing essential psychiatric and psychological services, as well as emotional comfort during some difficult situations, to Los Angeles citizens.

BUREAU OF ENVIRONMENTAL HEALTH

- Civil Grand Jury Report: Recently, the Civil Grand Jury released their report on the City's oversight of the Homeless Hotel program. Justifiably, credit was given to the Department of Social Services for their overall management and operation of the program. It is also appropriate to make special note of the effort and services of Principal Inspector Johnson Ojo and Senior Inspectors Ed Walsh and Sheldon Lew. All three deserve recognition and credit for the successful workshops that were held for tenants, owners and participating City agencies. And most importantly, for the day-to-day inspections, education, and enforcement actions that result in the improved environment and living conditions cited in the Grand Jury's report.

BUREAU OF TOXICS, HEALTH AND SAFETY

- "Green Rain Incident": On February 17, 1994, the Fire Department notified DPH about a call reporting "green rain" that fell for a period of 2 to 3 minutes during a rain shower near Mission and 8th Streets. By the time Toxics staff received the report and staff responded to investigate the incident, there were only traces of the green solution as most was washed away by the intermittent rain showers. While there were no complaints, injuries or property damage reported and the incident did not pose an immediate public health danger, Toxics staff obtained a sample solution from the Fire Department for analysis. The DPH Microbiological Laboratory analysis indicated there were no microscopic organisms in the sample. A sample solution was also Federal Expressed to Clayton Environmental Consultants for analysis. Clayton reported non-detectable concentrations of ethylene glycol but no other organic volatile compound was encountered during the analysis.

  Toxics was contacted by the Lawrence Livermore National Laboratory with an offer of assistance to identify the solution. In their report issued on March 12, the Livermore Laboratory reports the results of their test

revealed a compound resembling deicing fluids used on aircrafts. The public has been assured through a DPH press release that there are no short or long-term effects from this incident.

FEBRUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 2/28/94)

Total San Francisco cases:	18,905
Total San Francisco deaths:	12,022
Total S.F. cases for January:	222*
Total S.F. deaths for January:	117

*Includes 174 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

- San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	289
Newborn Nursery:	13
Actual Patient Days (except newborns):	8,084
Newborn Nursery:	358
Admissions (except newborns):	1,429
Newborn Nursery:	107
Average Length of Stay (except newborns):	6
Newborn Nursery:	4
Discharge Patient Days (except newborns):	7,866
Newborn Nursery:	407
Discharges (except newborns):	1,425
Newborn Nursery:	111

Outpatient Visits

Primary Health	
Family Health:	2,835
General Medicine:	1,752
Pediatric:	2,823
OB/GYN:	1,679
Specialty Clinics:	9,061

Non-admit Emergency Visits

Emergency Room:	4,640
Psychiatric Emergency Services:	311
Psychiatric Emergency Consults:	N/A

- Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	8
Clarendon Hall:	164
AIDS/Hospice SNF:	26

- Mental Health

SFGH/Acute Psychiatric Beds:	81
(11 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	3

- CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,247
Health Center #2:	664
Health Center #3:	828
Health Center #4:	944
Health Center #5:	832
Tom Waddell Clinic:	2,544
Potrero Hill Health Center:	620
Southeast Health Center:	714
Special Programs for Youth:	3,366
TOTAL VISITS:	11,759

Disease Control

TB Clinic:	1,570
City Clinic:	1,391

- Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 02/25/94			Year-to-Date		
	1992	1993	1994	1992	1993	1994
AIDS*	147	641	207**	265	1338	427**
Campylobacteriosis	55	60	36	95	101	68
Giardiasis	23	16	31	48	28	69
Hepatitis A	40	16	7	78	36	20
Hepatitis B	15	5	6	21	11	9
Salmonella	11	12	18	19	24	26
Shigella	28	11	17	46	34	30
TB	29	32	21	51	57	41
Gonorrhea	247	117	132	485	286	276
Syphilis	46	7	9	90	25	13

*Resident cases only.
**Includes cases meeting 1993 definition of AIDS.

5) PRESENTATION OF A REPORT ON THE PROFILE OF INJURY IN SAN FRANCISCO

Dr. Hernandez introduced Elizabeth McLoughlin, Sc.D., the Director of the Injury Center, who gave a presentation of the "Profile of Injury in San Francisco;" which describes the injury types, population groups, and geographic areas of the City most important in ascertaining the public health problem of injuries.

Others acknowledged for this report were Dr. Alvaro Garza, Connie Heye, and Michael Radetsky. A press conference, with Department of Public Health staff support, will be held.

Commissioner Paras encouraged a Departmentwide planning process in community public health and a determination of our current funding (outside plus general funds).

Public Speaker: Bruce Lilienthal, CHIPPS

6) CONSIDERATION OF A RESOLUTION FROM THE STATE MANAGED CARE LOCAL INITIATIVE STEERING COMMITTEE ON GOVERNANCE ISSUES

Dr. Hernandez presented the following:

The State Department of Health Services Strategic Plan for Expanding Medi-Cal Managed Care, released on April 2, 1993 describes a two-plan model in each of the 13 designated counties, consisting of one mainstream (non-governmentally operated HMO) plan and one local initiative plan. The Board of Supervisors in each county was given first choice to oversee the development of the local initiative. The Board of Supervisors in San Francisco expressed their interest in developing the local initiative by resolution to the State in June 1993, (Resolution #412-93), and submitted a formal Letter of Intent to the State by resolution, (Resolution #741-93), in September 1993. The Letter of Intent stated that the San Francisco Medi-Cal Managed Care Local Initiative Steering Committee and its two Advisory Committees would serve as the interim structure for the development of the local initiative, and that the final governing structure would be similar to the current structure, which has broad representation of all interested stakeholders in the City and County of San Francisco. The Steering Committee informed the State that we expected to have by March 1994 a description of the governing structure, the legal entity, the number of seats on the governing board, the composition of the board, and how board members would be selected.

The San Francisco Medi-Cal Managed Care Local Initiative Steering Committee established an Incorporation Workgroup in December, 1993 to evaluate the alternative models and to propose a governance structure for the local initiative. The Local Initiative Steering Committee met to finalize their recommendations on this issue, and voted unanimously for the structure being proposed to you today.

Dr. Hernandez presented a resolution (attached) for Commission consideration requesting approval of the proposed governance structure for the local initiative. The proposed resolution would approve the governing structure, and ask the board to support legislation which would authorize the City and County of San Francisco to adopt an ordinance establishing a separate legal entity, with the governing structure as approved by the Health Commission as the local initiative. This separate legal entity, the San Francisco Health Plan, would be given the authority to sign a contract with the State for providing or arranging for all covered health services for approximately half of the Medi-Cal beneficiaries in San Francisco on a capitated, full-risk basis. The San Francisco Health Plan will also have the authority to enter into additional contracts with private providers, and the City and County.

Given the importance of our role as a safety net provider, the City and County must maintain a strong presence as we plan for the transition to Medi-Cal managed care in San Francisco. The Governor's proposed budget for 1994-95 proposes a major shift in responsibilities and funding from the State to the counties -- approximately $3.2 billion in existing State costs for health and welfare programs would be shifted to the counties, including the requirement to pay a new 11.5% share of the total costs under the Medi-Cal program. Statewide this cost is estimated to be $1.4 billion. Under this proposal, counties would be entitled to use the savings for local purposes if program costs were reduced, and would be at-risk if program costs increase. The risk for the county would be great, as the county would have extremely limited control over the total Medi-Cal expenditures, there are no financial incentives for private providers, and the county would be at financial risk for the failure of these stakeholders to manage costs and

utilization. Therefore, being an integral part of the San Francisco Medi-Cal managed care system is imperative. I believe that under this proposal for Governing Board membership, the City and County would retain an appropriate degree of influence over the plan. In addition, the Department felt strongly that a labor representative be retained on the Governing Board, as our workforce is vital to our success in a managed care environment.

Dr. Hernandez acknowledged Commissioner Chow's active role in formulating the proposed governance structure. The State views the San Francisco planning process as a private/public partnership.

Commissioner Paras expressed her understanding that the composition of the governance structure is a delicate balance which evolved out of a series of meetings. Respecting the sensitivity of the composition and understanding the concern on the issue of a Commission slot, she felt the proposed structure was a reasonable one. She proposed the idea of an "ex-officio" seat for a Health Commissioner as a non-voting member to be added to the Governing Body.

Commissioner Chow emphasized the importance of the governance structure to be a business board with balance from the public side.

Action Taken: The Commissioners (Chow, Castaneda, Marton, Kaufman and Paras) endorsed Resolution #14-94, (Attachment A), "Urging the Board of Supervisors to Approve the Governance Structure for the San Francisco Medi-Cal Managed Care Local Initiative".

Action Taken: The Commissioners (Chow, Castaneda, Kaufman, Marton and Paras) endorsed Resolution #17-94, (Attachment B), "On the Governance Issue of the San Francisco Local Initiative Steering Committee", that a letter from the Health Commission to the Local Initiative Steering Committee be sent requesting the Health Commission be given an "ex-officio" status of one seat with no vote on the new governing body. The "ex-officio" will be appointed by the President of the Commission.

Dr. Hernandez pointed out that if there is change in the proposed governance structure for the San Francisco Health Plan regarding the appointment process, she will bring any changes back to the Health Commission.

7) CONSIDERATION OF A RESOLUTION ON MENTAL HEALTH MANAGED CARE

Jeff Jue, Deputy Director of DMS, Nancy Presson, and Louise Rogers presented the following:

The State of California, Department of Health Services, has developed a plan for "Expanding Medi-Cal Managed Care" over the next several years. The State plan separates or "carves" mental health services out of the models for managed physical health care. As a result, the County would be responsible for ensuring the delivery of mental health services to all San Francisco Medi-Cal beneficiaries. Currently, there are two mental health Medi-Cal programs, one private, fee-for-service, and one public. Under the State's plan, the funding for both programs would be consolidated at the County level. Medi-Cal beneficiaries would receive their services through a single, County administered, managed mental health care plan.

In order to participate in Medi-Cal managed mental health care, the State requires that the County Board of Supervisors submit a Letter of Intent by July 1, 1994.

Commissioners expressed concern on the need to integrate the physical and mental health systems, what would be the risk-limiting strategies, and what would be the cost to the City and County to take over this program. Mr. Jue reported that because this is only a Letter of Intent, the Department will bring the financial information to the Commission in the near future.

Action Taken: The Commission unanimously adopted Resolution 15-94, (Attachment C), "Endorsing the Development of a Managed Mental Health Care System in San Francisco".

8) **CONSIDERATION OF A RESOLUTION REGARDING THE ST. FRANCIS MEMORIAL HOSPITAL BOARD OF DIRECTORS AND ITS LACK OF COMPLIANCE WITH HEALTH COMMISSION POLICY ON AFFIRMATIVE ACTION AND REQUESTING THE HUMAN RIGHTS COMMISSION TO LOOK INTO THIS MATTER**

Commissioner Chow, who is a member of the active medical staff at St. Francis Memorial Hospital, did not discuss or vote on this item.

Also, with Commissioner Marton, the Commission was requested to allow Commissioner Marton to abstain to avoid any perceived conflict of interest.

Action Taken: Commissioners Castaneda, Jackson, Kaufman and Paras voted to allow Commissioner Marton to abstain on this item.

Commissioner Kaufman introduced the proposed resolution expressing her concern over St. Francis Memorial Hospital's continued lack of compliance over the past four years to the Commission's affirmative action policy.

Public Speakers: The speakers each spoke against the resolution.

John G. Williams, CEO of St. Francis Memorial Hosp.
Linda Trowbridge, St. Francis Memorial Hospital
Nathan Nayman, Hospital Council.

Commissioner Jackson offered an amendment to give the Hospital 'till the next Commission meeting to come up with a plan and timeline to comply with the policy. The Hospital presently does not have a plan. Commissioner Paras offered to work with the Hospital along with the Human Rights Commission. Commissioner Kaufman still strongly felt the need to send the resolution over to the Human Rights Commission. She expressed willingness, in the meantime, to always meet with any St. Francis Memorial Hospital representative.

Action Taken: The Commissioners (Jackson, Kaufman, Castaneda and Paras) adopted Resolution #16-94, (Attachment D), "Requesting the Comment or Assistance of the Human Rights Commission on the Failure of the Board of Directors of St. Francis Memorial Hospital to Comply with the Affirmative Action Policy of the Health Commission Governing the Approval of Contracts".

9) PRESENTATION AND PUBLIC HEARING ON THE SINGLE PAYER INITIATIVE FOR HEALTH CARE REFORM

Melange Matthews, Senior Legislative Planner, presented materials (available at the Commission Office) on the California Health Security Act, also known as the Single Payer Ballot Initiative. She also presented comparisons of the Single Payer Initiative, the Clinton Plan, and the Canadian Health Plan.

Dr. Vishu Lingappa, Professor of Medicine at UCSF, and the principal architect of the ballot initiative, gave an overview of the Single Payer Initiative.

The Commission cannot officially take a position on a ballot initiative. Individually, Commissioners may officially support the initiative. The Commission can also recommend to the Board of Supervisors to have a fair, public hearing on the matter.

Public Speaker: Nora Roman, Immigrant Refugee Task Force, supports the Single Payer Initiative.

Commissioner Chow requested that each Commissioner be given a copy of the initiative.

10) OTHER BUSINESS/PUBLIC COMMENTS*

Public Comments:

Pat Lee, Local #790, inquiry on Commission Resolution #9-94.
Louise Vaughn, GTTA, inquiry into Paramedic case.
Marie Harrison, inquiry into authority of paramedics in foster care placement.

Dr. Hernandez will investigate the specific case raised by public speakers regarding Paramedics and will report back to the Commission and the community representatives.

The meeting was adjourned at 6:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-94

URGING THE BOARD OF SUPERVISORS TO APPROVE
THE GOVERNANCE STRUCTURE FOR THE SAN FRANCISCO MEDI-CAL
MANAGED CARE LOCAL INITIATIVE

WHEREAS, the State Department of Health Services Strategic Plan for Medi-Cal managed care provides local stakeholders with flexibility in designing a managed care plan that reflects the needs and priorities of the community that it serves; and,

WHEREAS, according to the State's Plan, the local initiative may take any of the following forms:

a) A health care cosortium, in which local stakeholders share governance of an organization that is responsible for administering Medi-Cal managed care;

b) A County Organized Health System (COHS) "Look-Alike", in which the County Board of Supervisors establishes an entity for purposes of administering the locally developed plan. This structure is modeled after the County Organized Health Systems (COHSs) in San Mateo, Santa Barbara, Orange, Santa Cruz and Solano Counties, but differs from these models in that a COHS "Look-Alike" operates in expansion region counties as one of two managed care plans, not as the exclusive managed care contractor; and

c) Any alternative system developed by local stakeholders that meets the requirements of the state and federal law, and the quality, cost and access criteria as described in the State's Plan; and,

WHEREAS, the San Francisco Medi-Cal Managed Care Local Initiative Steering Committee proposes the governance structure as set forth in the attached document, "Governance Structure for the San Francisco Local Initiative", which recommends a modified COS "Look-Alike" model, and establishes a governing board of 18 members; and,

WHEREAS, the proposed governance structure for the San Francisco Local Initiative will not supercede the regular review and authorization process by the Health Commission of any and all policy matters related to the activities and financial endeavors of the Department of Public Health; and,

WHEREAS, the Director of Public Health, as the CEO of and for San Francisco Health Commission, is the duly authorized representative of the Health Commission to serve on the Local Initiative Governing Board; and,

WHEREAS, the proposed Board membership represents an extremely delicate, thoroughly deliberated matter which seeks to institutionalize a public-private partnership which is vital to preserving the safety net of health providers in San Francisco under the State's two-plan Medi-Cal Managed Care Initiative; now, therefore, be it

RESOLVED, that the Health Commission approves the governance structure as presented in the attached document, "Governance Structure for the San Francisco Local Initiative"; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to approve the governance structure AS PRESENTED in the attached document, "Governance Structure for the San Francisco Local Initiative"; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to support State legislation authorizing the City and County of San Francisco to create a separate legal entity as a means of establishing the Local Initiative component of the State Department of Health Strategic Plan for Expanding Medi-Cal managed care.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-94

RESOLUTION ON THE GOVERNANCE ISSUE OF THE SAN FRANCISCO
LOCAL INITIATIVE STEERING COMMITTEE

WHEREAS, the involvement in the development of Medi-Cal managed care provision in San Francisco is critical to the implementation of the mission of the San Francisco Health Commission; now, therefore, be it

RESOLVED, that the Health Commission requests the seating of a Health Commissioner as an "Ex-Officio," non-voting member on the existing Local Initiative Steering Committee and the future San Francisco Health Plan Governing Body; and, be it

FURTHER RESOLVED, that the Health Commissioner holding this position will be designated by the President of the Health Commission; be it

FURTHER RESOLVED, that the Local Initiative Steering Committee be contacted to inform them of this request.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-94

ENDORSING THE DEVELOPMENT OF A MANAGED MENTAL HEALTH CARE SYSTEM IN SAN FRANCISCO

WHEREAS, the State Department of Health Services is committed to the rapid expansion of managed care within the Medi-Cal program as a means of improving beneficiary access to quality preventive and primary health care services in a cost effective manner, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485; and,

WHEREAS, the State Department of Health Services released their draft strategic plan, "Protecting Vulnerable Populations: California's Strategic Plan for the Transition of Medi-Cal to Managed Care" on January 13, 1993; held five regional public hearings to receive comment on the plan on January 27 and January 28, 1993; released a final plan on March 31, 1993 "carving out" mental health services; released a draft plan for "Managed Medi-Cal Mental Health Services" on October 4, 1993; and will release a final plan in the near future; and

WHEREAS, the San Francisco Health Commission adopted amended Resolution #2-93, "Endorsing Principles for the Development of a Managed Care System in San Francisco" on February 16, 1993; and,

WHEREAS, the State's plan specifies that the most effective system of the delivery of Medi-Cal mental health services will be through mental health programs administered by county mental health departments, thus carving these services out of the models for physical health care, and consolidating the two existing Medi-Cal funding streams into a single county-run system; and,

WHEREAS, the State's plan will be implemented in phases over three years, beginning with consolidation of the State funding for Medi-Cal mental health services at the county level, October 1, 1994 through July 1, 1995, and ending with the implementation of full capitated funding for mental health services through managed care contracts with the counties by July 1, 1997; and,

WHEREAS, the State's plan gives the County Board of Supervisors the option to refuse to accept the transfer in funding and associated responsibility for provision of Medi-Cal mental health services, in which case the State would select one or more alternative plans through a competitive process; and,

WHEREAS, if the County were to accept the transfer in funding and associated responsibility, the State plan indicates that the first stage in the transfer would be on October 1, 1994, and would be the total amount of State funds that would have been used for Medi-Cal psychiatric inpatient services; and,

WHEREAS, if the County Board of Supervisors elects to participate, the State requires the Board of Supervisors to submit a Letter of Intent by July 1, 1994 specifying: (1) whether the County intends to manage consolidated inpatient funds, and (2) whether the County intends to establish any limitations on risk; and,

WHEREAS, upon completion of the transfer of funding for all Medi-Cal mental health services, targeted for July 1, 1995, the State will capitate the funding for inpatient services on July 1, 1996, and capitate the funding for all other mental health services the following year, thus putting the County at risk for the full extent of Medi-Cal mental health services required by San Francisco Medi-Cal beneficiaries by July 1, 1997; and,

WHEREAS, the State plans to propose various risk-limiting alternatives which would allow the County to shift part of the financial risk back to the State at the cost of lower capitation rates for the County; and

WHEREAS, until the State proposes such risk-limiting alternatives and specifies the funding allocation method, the County cannot determine whether or not a risk-limiting arrangement would be in the County's best interest; and,

WHEREAS, the County Department of Public Health, Division of Mental Health and Substance Abuse Services, already provides most of the public mental health services, including safety net services for the indigent in San Francisco County, and the County is at risk for the many high cost services used by individuals with mental illness if timely and effective treatment is not provided; and,

WHEREAS, the County Department of Public Health, Division of Mental Health and Substance Abuse Services, is committed to building partnerships with traditional, safety net, and private providers in order to establish a comprehensive system of care; and,

WHEREAS, the County would assume even greater risk if it did not elect to become the provider of all Medi-Cal mental health services as it would lose the ability to manage the resources and services directly, therefore, be it

RESOLVED, that the Health Commission supports the efforts of the Department of Public Health, Division of Mental Health and Substance Abuse Services, to participate in Medi-Cal managed mental health care; and,

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to submit a Letter of Intent indicating the County's willingness to:

1. Assume responsibility for the provision of Medi-Cal managed care mental health services;

2. Explore options with the State Department of Mental Health to pilot innovative service delivery models;

3. Consider both the State's allocation methodology and all of the risk-limiting strategies available to the County before committing arrangement; and,

4. Accept the transfer of funding from the State for Medi-Cal psychiatric acute inpatient services on October 1, 1994.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-94

REQUESTING THE COMMENT OR ASSISTANCE OF THE HUMAN RIGHTS COMMISSION ON THE FAILURE OF THE BOARD OF DIRECTORS OF ST FRANCIS MEMORIAL HOSPITAL TO COMPLY WITH THE AFFIRMATIVE ACTION POLICY OF THE HEALTH COMMISSION GOVERNING THE APPROVAL OF CONTRACTS

WHEREAS, the Health Commission has adopted an Affirmative Action Policy for the approval of contracts; and,

WHEREAS, among the provisions of the Health Commission's policy is a requirement that persons and entities seeking approval of contracts with the Department of Public Health for the provision of medical services either have, or have a plan demonstrating a commitment to achieve, a Board of Directors that reflects the ethnic and gender composition of the client population being served; and

WHEREAS, the Health Commission has approved contracts with St. Francis Memorial Hospital for the provision of medical services to clients since at least 1986, the year the Commission adopted the Affirmative Action Policy; and,

WHEREAS, the Board of Directors of St. Francis Memorial Hospital, notwithstanding repeated requests by the Health Commission to make progress toward compliance with the Affirmative Action Policy of the Commission, does not reflect the ethnic and gender composition of the client population being served, and has not improved; and,

WHEREAS, the Board of Directors of St. Francis Memorial Hospital has further failed to make a reasonable progress toward compliance with the Commission's policy; and,

WHEREAS, the Human Rights Commission is responsible, among other matters, for furnishing cooperation and guidance to public agencies and private organizations engaged in activities and programs intended to eliminate prejudice and discrimination, and for encouraging and coordinating programs of voluntary affirmative action to reduce or eliminate existing inequalities and disadvantages in the City resulting from past discriminatory practices; and,

WHEREAS, the Health Commission has approved the Department of Public Health's contract to St. Francis Memorial Hospital only through FY 1993-94; and,

WHEREAS, the Health Commission fully understands its authority only over Department of Public Health contracts; and

WHEREAS, the Health Commission understands that St. Francis Memorial Hospital has another City contract from the Retirement Board; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-94 (Cont'd.)

RESOLVED, that the Health Commission brings this matter to the attention of the Human Rights Commission, and requests the Human Rights Commission to investigate the compliance to the Affirmative Action Policy by this health care provider receiving a significant multimillion dollar contract from the City; and, be it

FURTHER RESOLVED, that the Health Commission requests the Human Rights Commission to report its findings back to the Health Commission, the Retirement Board, and the Civil Service Commission.

I hereby certify that the foregoing resolution was adopted by the Health Commissior at its meeting of Tuesday, March 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

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Arthur M. Jackson
President

Rebecca P. Castaneda, D.D.S.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D., F.A.C.P.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
April 5, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 15, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

3.1 Consideration of an approval for surplus transfer in the amount of $451,709 for California Children's Services diagnosis, treatment and therapy expenditures.

3.2 - CHS - AIDS - Sole Source request and Contract Modification with The Support Center, in the amount of $211,400, for the development of an HIV Prevention Plan for the City and County of San Francisco, for the period of Date of Certification through December 31, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 92-93).

3.3 CHS - AIDS - Renewal contract with the University of California San Francisco Urban Health Study, in the amount of $467,124, to provide community based AIDS prevention and education services to injection drug users, for the period of January 1, 1994 through December 31, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in FY 92-93, exclusive of the Affiliation Agreement)

3.4 - DMS - CSAS - First modification to the contract with Walden House, Inc. in the amount of $399,999 to continue the provision of Halt Residential Treatment Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Walden House, Inc. for services totaling $5,948,848 in FY 92-93)

3.5 - DMS - CSAS - Iris Center - First Modification to the Contract with Iris Center: Women's Counseling and Recovery Services, in the amount of $92,000 to provide additional Perinatal Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Iris for services totaling $1,098,331 in FY 92-93)

4) DIRECTOR'S REPORT-(Sandra R. Hernandez, M.D., Director of Public Health)

5) PRESENTATION AND UPDATE ON HIV ISSUES AND CONSIDERATION OF A RESOLUTION ON THE SAN FRANCISCO FIVE-YEAR HIV/AIDS HOUSING PLAN

- A. AIDS Projections
- B. Establishment of the HIV Prevention Planning Council
- C. HIV Prevention Project/Prevention Point Needle Exchange
- D. HIV/AIDS Agency Consolidation
- E. 1994-1995 CARE Awards
- F. Multi-diagnosis Residential Detoxification Treatment Center
- G. Health Center #1 Multi-diagnosis Project (MDP)
- H. San Francisco Five Year HIV/AIDS Housing Plan

6) CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM

7) CONSIDERATION OF A RESOLUTION AUTHORIZING AN AGREEMENT BETWEEN THE HEALTH SERVICE SYSTEM AND THE DEPARTMENT OF PUBLIC HEALTH TO MAKE THE DEPARTMENT OF PUBLIC HEALTH A PREFERRED PROVIDER OF MEDICAL SERVICES UNDER THE CITY'S HEALTH PLAN

8) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, ~~April 5, 1994~~
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

Absent: Commissioner Edward A. Chow
Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 15, 1994

Action Taken: The Commission unanimously adopted the minutes of of March 15, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Consideration of an approval for surplus transfer in the amount of $451,709 for California Children's Services diagnosis, treatment and therapy expenditures.

(3.2) CHS - AIDS - Sole Source request and Contract Modification with The Support Center, in the amount of $211,400, for the development of an HIV Prevention Plan for the City and County of San Francisco, for the period of Date of Certification through December 31, 1994. (DPH contracted with The Support Center for services totaling $151,910 in FY 1992-93).

(3.3) CHS - AIDS - Renewal contract with the University of California San Francisco Urban Health Study, in the amount of $467,124, to provide community based AIDS prevention and education services to injection drug users, for the period of January 1, 1994 through December 31, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93, exclusive of the Affiliation Agreement).

(3.4) DMS - CSAS - First modification to the contract with Walden House, Inc. in the amount of $399,999 to continue the provision of Halt Residential Treatment Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Walden House, Inc. for services totaling $5,948,848 in FY 92-93).

(3.5) DMS - CSAS - Iris Center - First Modification to the Contract with Iris Center: Women's Counseling and Recovery Services, in the amount of $92,000 to provide additional Perinatal Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Iris for services totaling $1,098,331 in FY 1992-93).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Sandra R. Hernandez, M.D., Director of Public Health)

See copy attached. (Attachment A).

Dr. Hernandez gave an update on the Affiliation Agreement between U.C. Regents (UCSF) and DPH (SFGH). It is being considered at the Government and Labor Efficiency Committee of the Board of Supervisors.

5) PRESENTATION AND UPDATE ON HIV ISSUES AND CONSIDERATION OF A RESOLUTION ON THE SAN FRANCISCO FIVE-YEAR HIV/AIDS HOUSING PLAN

Dr. Mitch Katz, AIDS Office Director, introduced his staff to present updates on HIV/AIDS issues:

A. AIDS Projections
B. Establishment of the HIV Prevention Planning Council
C. HIV Prevention Project/Prevention Point Needle Exchange
D. HIV/AIDS Agency Consolidation
E. 1994-1995 CARE Awards
F. Multidiagnosis Residential Detoxification Treatment Center
G. Health Center #1 Multidiagnosis Project (MDP)
H. San Francisco Five Year HIV/AIDS Housing Plan

(Attachment B).

The Five Year HIV/AIDS Housing Plan has been endorsed by the Redevelopment Commission and Advisory Council and the CARE Council. (Attachment C, Executive Summary).

Commissioners' comments:

Commissioner Paras' questions of any conflict of interest issues with service providers on the HIV Prevention Planning Council was answered by the Council has no funding authority over the CARE funds.

Commissioner Marton requested a follow-up report to the Commission on these on-going planning efforts of the Council

Commissioner Kaufman noted that the only groups whose percentage of persons diagnosed with AIDS increased was the Asian Pacific Islander population.

Commissioner Jackson expressed appreciation for the promotion of ownership of housing for AIDS clients.

Commissioner Paras expressed concern over the fragmented system of care for triple-diagnosed, high-risk clients and what is being planned to address this. Dr. Hernandez reported that the Department as a whole needs to plan for a consumer-friendly system that integrates physical and mental health.

Commissioner Kaufman encouraged the Department to communicate with neighborhood groups to minimize the NIMBY attitude against mental health, substance abuse, and AIDS programs in the neighborhoods.

Commissioner Paras expressed her concern that with the decrease and potential eventual termination of CARE funds, what is the Council's vision for the housing plan.

Action Taken: The Commission unanimously adopted Resolution #18-94, "Supporting San Francisco Five-Year HIV/AIDS Housing Plan," (Attachment D).

The Commission was very appreciative of all of the hard work and efforts into this total report by the Department of Public Health staff and community representatives.

6) CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM

Commissioner Paras requested this item to be continued to the next Commission meeting.

7) CONSIDERATION OF A RESOLUTION AUTHORIZING AN AGREEMENT BETWEEN THE HEALTH SERVICE SYSTEM AND THE DEPARTMENT OF PUBLIC HEALTH TO MAKE THE DEPARTMENT OF PUBLIC HEALTH A PREFERRED PROVIDER OF MEDICAL SERVICES UNDER THE CITY'S HEALTH PLAN

This item was postponed to a future meeting of the Commission.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF HEALTH
Health Commission Meeting
April 5, 1994

DIRECTOR'S REPORT

BUDGET UPDATE

- DPH FY 1994-95 Budget: The Department has had several meetings with the Mayor's Office to discuss its proposed 1994-95 budget. These meetings, which have been favorable, have provided the Mayor's Office with additional background information on the DPH budget documents. The Mayor's Office has tentatively scheduled a meeting with the Department towards the latter part of April to review the detail of the DPH proposed reductions. The details underlying the proposed reductions will be presented to the Health Commission at the April 19 meeting.

- Zero-Based Budget: The zero-based budget process is also proceeding on schedule. Each division within the Department continues to meet with staff from the Mayor's Office and the Board of Supervisor's Budget Analyst on a weekly basis and the meetings have been informative. The zero-based analysis and recommendations will be issued by the end of the April.

- MOCYF Children's Services Fund: In the current fiscal year, at the direction of the Board of Supervisors, the Department transferred funding for $1.3 million in children's services to the Mayor's Office of Children, Youth and Families (MOCYF) Proposition J funding program. The majority of this funding ($1.2 million) went to support community-based adolescent day treatment programs within the Division of Mental Health and Substance Abuse.

  As I mentioned in a previous Director's Report, Prop J funds are restricted to children and youth, aged 17 and younger. Our current estimates suggest roughly one-third of the adolescents served in these programs are older than 17 and MOCYF has informed DPH that it will not be able to fund approximately $400,000 of these services. The Department has met with the Mayor's Office and the Director of MOCYF on this issue. The Mayor's Office has asked the Department to fund day treatment services for those over 17 years old from its current budget and DPH will absorb this funding within the DMSF budget without a reduction in services.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

For the 1994-95 fiscal year, the Mayor's Office as agreed to work with the Department and MOCYF to continue funding these adolescent day treatment programs for children up to the age of 17. The Department is working with the Mayor's Office on a plan to continue funding for the entire age group. I do not foresee any interruption or reduction in these adolescent day treatment services.

- Federally Qualifed Health Center (FQHC) Designation: I am very pleased to report that, after four months of frustrating delays, SFDPH has received confirmation that our request to extend Federally Qualified Health Center (FQHC) designation to our health centers has been approved. To provide some idea of the financial significance of FQHC status, a recent sample of Medi-Cal reimbursements for visits at our health centers indicated an average of about $35 per visit. Once negotiations have been completed with the State over our cost report, we fully expect to receive $150 per visit. Moreover, the short-term infusion of additional Medi-Cal revenues under the fee-for-service system is only one potential benefit; FQHC status protects cost-based reimbursement even under the State's Managed Care plan, and we are also confident that FQHC status will help make the case that we should enjoy any special protections for "essential community providers" under national health care reform.

  As I indicated in a previous Director's report, FQHC status was pursued for the health centers based on the fact that we receive federal grant funds under the Stewart B. McKinney Homeless Assistance Act, as opposed to the more complicated route of applying as "look-alike" clinics, which would have involved setting up a governing board with authority over staff budget and policies. The latter, in particular, had raised some concerns among Commissioners when we made a full presentation on FQHC before the Health Commission. The DPH strategy has allowed us to avoid those organizational complexities, while receiving the benefits of cost-based reimbursement. The Health Commission earlier adopted a resolution that any new revenues from FQHC status should remain with the Department. Our ability to bill the full potential of Medi-Cal reimbursements will depend on reinvesting those revenues in the Department's Primary Care services and clinics.

The clinics which have been approved for FQHC status are: Health Centers #1, #2, #3, #4, and #5; Southeast Health Center; Potrero Hill Health Center; Special Programs for Youth (including YGC, Cole Street Clinic, Larkin Street Youth Center Clinic and Balboa Teen Clinic). The Tom Waddell Clinic and North of Market Senior Services were previously granted FQHC status.

The Department has informed the State of our intent to submit a request at a later date to include the primary care clinics at San Francisco General Hospital. Since the State is extremely reluctant to approve hospital-based clinics, it is believed our chances would be greatly improved after the primary care integration is completed and an organizational connection to community-based clinics can be demonstrated.

Dr. Robert Prentice, Acting Deputy Director for CPHS, has single-handedly, and with great determination, pursued FQHC designation for the San Francisco Department of Public Health. We owe him a debt of gratitude for successfully overcoming every roadblock to secure this designation for our health centers.

ADMINISTRATION

- Public Health Media Activities: This week, April 4 - 8, is Public Health Week and the Department is highlighting several public health functions:

1) Lead Program Update - The Department of Public Health, in collaboration with citizens advisory committees, the Mayor's Offices of Community Development and Housing, other City agencies, the Coalition to Prevent Lead Poisoning, community health centers and other community-based organizations, UCSF, and other health care providers throughout San Francisco, has developed a comprehensive lead program that incorporates the major public health functions: assessment, planning and policy, and health care referral and case management. Lead poisoning in children is a silent thief of a precious resource - our children's ability to learn. It is potentially a serious problem in San Francisco because of the large concentration of older housing (74% built before 1950) with lead-based paint frequently in disrepair, the use of lead-glazed ceramic ware for cooking, and the use of lead-containing home remedies by some immigrant groups.

The lead prevention program emphasizes education, screening, follow-up and tracking, and environmental inspections. The Department also works closely with Citizens Advisory Committees in formulating policy recommendations for City-wide education and lead-hazard reductions in dwellings. The Lead Prevention Program continues to aggressively seek grants to identify highest risk neighborhoods and to develop efficient interventions.

A preliminary investigation of lead screening in San Francisco through CHDP providers was carried out in 1991. Among 1200 children tested City-wide, elevated lead was detected in 8%. Most of the screening was in the Mission District, where elevated lead was detected in 12%.

In 1993, CL funds were used to supplement the provider-based screening with a community-based investigation focused in the Mission District which included testing by providers, at fairs and door-to-door. Among 418 children tested overall, lead levels were elevated in 10%. Among 193 identified and tested door to door by health workers, 12% were elevated. Of households interviewed in the door-to-door effort, 65% had at least one child who hadn't been tested previously, despite evidence of primary medical care.

Dr. Jeffrey Newman, Non-Infectious Disease Epidemiologist for DPH has recently met with PODER, a community organization in the Mission regarding inaccuracies in a news report following a meeting to discuss the lead screening results in the Mission area. The Department will continue to work with residents in the Mission on public health intervention and tenant notification issues with mutual expectation that the lead program will continue to work cooperatively with the community to reduce both exposure to lead and childhood lead poisoning.

2) California County Health Status Profiles Report: Yesterday, the State issued county rates for selected health status indicators and compared them to the overall state rate and the Year 2000 National Objectives. SF County Health Status Profiles are attached to the back of this report.

The rates are based on three year averages (1990-1992). As expected, SF rates are high for indicators of problems concentrated in urban areas (drug related and AIDS mortality, TB and syphillis incidence). San Francisco age-adjusted rates (per 100,000) which differ substantially from California rates are as follow: The low measles rate (SF-2, CA-16) is due in part to DPH's aggressive contact investigation program; SF's high total mortality (SF-637, CA-480) is largely due to the AIDS epidemic (SF-312, CA-33). The Tuberculosis excess (SF-47, CA-17) is due to San Francisco's high risk population due to AIDS and immigration. Although San Francisco has been among the top ten cities in TB for many years, our incidence has not skyrocketed as in some other metropolitan cities, nor do we have high rates of multiple drug resistant TB. This is an indication of the success of our TB control and outreach program. SF's syphillis rate (SF-28, CA-10) has decreased dramatically since an outbreak in 1990; successful STD control efforts have since significantly reduced syphilis rates to those comparable to other urban areas of the State. Slightly elevated African American infant mortality (SF-18, CA 17) is a nationwide problem. For all other ethnic groups, SF infant mortality rates are below state rates.

Discussion of the limitations of mortality data and more detailed information on San Francisco will be available in the upcoming Epidemiolgic Bulletin.

3) US - China Health Program Exchange: The United States-China Educational Institute Primary Health Care Program - an exchange program to strengthen primary care training programs in both countries - has selected Health Center #4 in Chinatown to be the lead off site for this year's cultural exchange. The Chinese delegation of doctors, nurses and health educators met at Health Center #4 yesterday, April 4 for an overview and tour. In their last visit in 1993, the Chinese health professionals were impressed with San Francisco's multi-disciplinary approach of comprehensive health care to a targeted population.

- African American Health Service Specialist Designation and Certification: The Department is in the process of implementing the use of the African American Health Service Specialist special working condition designation. The Department's request for the use of the designation was approved in concept by the Civil Service Commision in June of 1993. In the last six months, staff have been working out the implementation

details with the Human Resource Services operations group (formerly known as the CSC Centralized Exam. Unit). Approximately, 25 department employees are currently enrolled in the 32 hour course. The oral examination is expected to be given sometime in May. Designation of requisitions and certification of employees are expected by June.

The African American Health Services Specialist waiver is similar to the Lesbian/Gay Health Specialist and bilingual language waivers currently in use by this Department. These conditional waivers are not based on the race of the applicant per se but is meant to assure competency to provide culturally relevant services to African American clients served by the Department.

- Combined Charities Campaign: Department of Public Health employees contributed almost $81,000 to the 1993 City Employees Combined Charities Campaign to lead the city departments. Once again, Laguna Honda led the way with a total contribution over $40,000 with 48% staff participation. Mr. Jeff Jue was the Department-wide coordinator and Ms. Carol Sam was the division coordinator for Laguna Honda Hospital.

SAN FRANCISCO GENERAL HOSPITAL

- Hospital Tour - Friday, April 1: At the request of Senator Dianne Feinstein, a meeting was held on April 1 at San Francisco General Hospital with area public hospital administrators to discuss the ramifications of health care reform on public hospitals. In addition to Senator Feinstein, other attendees included Secretary of Health and Human Services, Donna Shalala, Congresswoman Nancy Pelosi, and Dr. Philip Lee, Assistant Secretary of HHS and former President of the Health Commission. The group also toured the SFGH Emergency Department and the Inpatient AIDS unit.

- Paramedics/Sunnydale Incident: Early on Sunday morning, March 13, 1994, the Paramedic Division received and responded to a 9-1-1 call which resulted in the transport of an 11 month old infant to the Emergency Department at San Francisco General Hospital. Representatives from the African American Business Community Development organization expressed concern at our last Commission meeting over the delayed ambulance response, and objected to the separation of mother and child.

The mother called 9-1-1 at 6:49 am to request an ambulance for an infant that had a small "burn, bite, or scratch" on her body for "about a week". The call was assigned a code two priority, urgent but not life threatening, as there was no apparent immediate threat to the infant's health. The total response time of the ambulance was approximately one hour. Unfortunately, during the time this call was received, there was a large fire in progress at 1500 Shafter Ave. with several burn trauma victims as well as the regular incoming 9-1-1 calls. This unusual sitation resulted in the system becoming "over-taxed", and there were not enough ambulances to respond quickly to all of the calls. The units were immediately sent on the life threatening calls and the less urgent calls waited until other ambulances became available. I am currently reviewing paramedic response times with the EMS Agency and the Paramedic Division. I am anticipating a report to the Commission on this broader matter in early summer.

The Paramedics follow policies that have been established by the Emergency Medical Services Agency (EMSA). The Policy states that the Paramedics have a responsibility to transport a child from a "dangerous or potentially dangerous environment". In this case, the mother made statements about unusual activity in her apartment to the paramedics, as well as personnel from the Police Department and Geneva Towers security officers. Based on the statements and behavior of the mother, the Paramedics had reasonable cause to believe that the environment was potentially dangerous. The infant was transported to the hospital and booked into Child Protective Services by SFPD. I reviewed the incident with Brian Cahill, General Manager of DSS, who believes the paramedic action was warranted.

- Medical Director/Paramedic Division: Effective April 1, 1994, Dr. Charles Saunders resigned his position as Medical Director of the Paramedic Division. Dr. Saunders has done an outstanding job with the Division during his five year tenure. His contributions, accomplishments, and program development in the areas of prehospital medicine, research, statistical analysis, policy development, quality assurance, and disaster planning, have helped to make the Paramedic Division one of the preeminent prehospital providers in the country.

Fortunately, Dr. Saunders will not be leaving the Department, he will be working part time as an Attending Physician in the Emergency Department, and will continue his involvement with business development for SFGH, which includes health services at the San Francisco airport, managed care contracts, and occupational health services.

Chief Paramedic Pippa Amick, will assume responsibility for all business and administrative matters regarding the Paramedic Division. Dr. Marshal Isaacs, Assistant Professor of Surgery, Attending Physician, and current Base Station Medical Director at SFGH will replace Dr. Saunders as the interim Medical Director of the Paramedic Division. Dr. Isaacs served as the Assistant Medical Director of the Paramedic Division for a six month period and will step into his new role with a strong background in emergency medicine, as well as current understanding of EMS issues.

- Best Doctors in America: The 1994-95 edition of The Best Doctors in America will in the bookstores soon and many names of physicians on the SFGH medical staff will be included. The editors spent a year making 13,000 phone calls and writing 11,000 letters asking physicians to whom, in their field of expertise, they would send friends or loved ones if they could not handle the case.

  Among the SFGH physicians listed as the "best and the brightest" are Dr. Nora Goldschlager, Cardiologist and Chief of Staff-Past; Dr. Merle Sande, Chief of Internal Medicine, and Chair of the Clinical Practice Group; Dr. John Luce, Internist, Former Chief of Staff, and Medical Director of Quality Improvement and Utilization Management; Dr. Roger Simon, Chief of Neurology and Chief of Staff; and Dr. Paul Volberding, Internist and Medical Director of the AIDS Program.

- International Conference: Dick Brown, M.D., Director of the Children's Health Center, SFGH, has been invited to participate in an international conference in Delhi, India on International Health, the Environment and the Law at the end of March. The meeting is sponsored by the United Nations and the Indian Legal System and will focus on policy and legislative means to improve environments and human health. The President of India will be giving the opening address and the Chief Justice of the Indian Supreme Court will moderate. Dr. Brown will be presenting two papers dealing with environmental impact on children's health, particularly children in high risk situations, as well as the impact of lead poisoning and air pollution on children's health.

- Proposed SFGH Garage: A second community meeting was held on March 14 at Carr Auditorium to discuss the status of remediation efforts for the proposed garage facility at SFGH. Twenty-nine representatives from the community and two representatives from the SF Regional Water Quality Control Board were in attendance. The City was represented by SFGH staff, DPH Toxics, Parking and Traffic, and the Mayor's Office. The purpose of the meeting was to provide an update to the community on the progress of the interim remediation system and the final remedial clean-up design and installation. The community raised various concerns regarding any contamination on properities in the neighborhood. Issues not resolved at this meeting will be addressed by health risk evaluation and meetings that will be scheduled with the Regional Water Quality Control Board case worker and toxicologist to discuss the health risk evaluation. Additional community meetings will be scheduled.

LAGUNA HONDA HOSPITAL

- Long-Term Care/Health Care Reform: On March 31, Mr. Anthony Wagner and the Chief Executive Officers of San Francisco Hospitals met with Senator Barbara Boxer to discuss the implications of health care reform issues on San Francisco. Mr. Wagner emphasized the importance of including provisions for long-term care in federal health care reform.

- Management Information Systems Update: The new information system at Laguna Honda Hospital has reached a major milestone. The implementation of the Patient Accounting and Trust Accounting Systems took place with the successful completion of billing for January and February. This system incorporates both acute care and long-term care billing capability that allows LHH flexibility in billing operations. This new billing system will increase revenue and improve cash flow.

COMMUNITY PUBLIC HEALTH SERVICES

- Interim CPHS Medical Director: Dr. Prentice has announced that David Ofman, M.D., Medical Director of North of Market Senior Services, has agreed to serve as interim CPHS Medical Director until a permanent medical director is hired. Dr. Ofman has accepted the formal title on behalf of a collaboration involving Lisa Johnson, M.D., Medical Director of Health center #5, and Leo Morales, M.D., physician at Health Center #2. Dr. Johnson will represent CPHS on the executive committee of the Clinical Practice Group (CPG) and Dr. Morales will be reponsible for developing a process for incorporating medical education into the health centers, overseeing the on-call system and completing the health center medical staff bylaws. Dr. Ofman will

convene regular meetings of the health center medical directors and maintain overall responsibility for the Medical Director's duties.

The Department is grateful not only to Dr. Ofman, Dr. Johnson and Dr. Morales, but to all the medical directors of the health centers, who have chipped in to help us through this critical period of preparing for managed care and department reorganization.

- AIDS Office/ Update on Proposed Bathhouse on Turk Street: The Department has been informed by the the Department of City Planning that the permit has been revoked for renovating the proposed bathhouse site. The permit was revoked because the owners had not requested or obtained a conditional use permit which would be necessary to renovate the site for a bathhouse. The hearing before the Chief of Police for approval to open a bathhouse which had been scheduled for March 30th, has been rescheduled for late April. The AIDS Office will represent the Department at the hearing to voice our concerns about health risks.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Matrix Issues: This report addresses a number of issues related to the Matrix Program that were raised by Mr. Paul Boden at the March 1st meeting of the Health Commission:

  - the allegation that CSAS personnel told providers to "shut up about the Matrix" was subsequently softened in later testimony. CSAS staff response is that no provider has been approached about changing their personal/professional opinion about the Matric Program. CSAS staff have divergent professional and personal opinions about Matrix and this is a source of continuing controversy.

  - Tom Smith Center has recently changed its intake procedure since the beginning of the Ryan White funded Multi-Diagnosis Program. This change in target population has diminished the amount of non-HIV referrals to that program, but there is no exclusivity for Matrix clients. CSAS has asked the program to expedite acceptance of clients referred by outreach workers.

- the allegation that 67 patients who were 5150'd were discharged back to the streets is not true. Of the 67 individuals involuntarily detained at SFGH Psychiatric Emergency Service, 7 *(10.5%) were returned to their home county or state for continued treatment. Approximately 30 (45%) were cleared for discharge. Of these, 6 (9%) refused any referral; 10 (15%) were released to family with referrals for continued treatment, 6 (9%) were referred to hotels, and 8 (12%) were referred to case management and outpatient clinics. Of the remaining 29 (one individual was hospitalized twice) were admitted to the inpatient units at SFGH, St. Luke's Hospital (2), and Langley Porter Psychiatric Institute (1). Approximately one-third were discharged to housing and the remaining two-thirds to treatment programs, both residential and outpatient.

- at that time, it is true there were over 19 empty beds at Conard, out of a total hotel system capacity of 236. This is caused in part by a normal turnover rate which averages between 3% and 5% depending on varying circumstances. The second reason is that client selections, screenings, and referrals have been more stringent due to prioritizing access to these beds targeted to the most seriously mentally ill. This vacancy factor will be corrected with improved vacancy reporting, outreach by provider to referring agencies, and expanding on target population definitions which we are in the process of doing.

- Mr. Boden reported there wad a draft memo of the proceedings of the homeless retreat by advocates and providers which made some very critical comments about the system which were not reflected in the draft. The draft referred to was a document from the Cluster II Retreat Planning Group in which "homelessness" was a small group focus discussion, not the larger homeless retreat.

Mr. Jue met with Mr. Boden following his remarks to the Health Commission to review his concerns related to the Matrix Program. Mr. Jue is committed to maintaining on-going communications to keep him informed and involved.

- Update on Northeast Lodge: Program monitoring efforts by client coordinators have been favorable with overall reports that the clinical program is effective, and clients are responding. Patient Rights Advocacy services have conducted on site individual interviews and reports are positive.

  DMS staff are working with contractors and the Asian Mental Health Task Force to identify prospective providers and potential sites to insure retention of beds and program capacity. Contingency plans are being developed to insure continuity of care if a new program is not available for immediate transition when the current contract ends on June 30, 1994.

A. AIDS PROJECTIONS

There was a decrease in the number of new AIDS cases diagnosed between 1992 and 1993. In 1992 there were 3,028 cases diagnosed while in 1993 there were 2,264 cases diagnosed; a 25% decrease. This is the first time that there has been a decrease in the annual number of diagnosed AIDS cases.

(Table 1)

Based on the actual decrease in the number of new AIDS cases, we have developed projections of the AIDS Epidemic for 1994-97. These projections show a decrease in the number of new AIDS cases and the number of persons living with AIDS.

(Figure 1 and Figure 2)

The major reasons for the decline in AIDS cases is the success of prevention efforts. We estimate that there were 8,000 new seroconversions a year in 1982, when new HIV infections were at their peak. We estimate that there are currently approximately 1,000 new infections per year. Because of the average 10 year latency between HIV infection and AIDS, we are seeing the peak 10 years later in 1992. The other major reason for the sharp peak in cases in 1992 is that the new AIDS definition, which included as AIDS cases those persons who had a CD4 count under 200 cells, resulted in a large number of persons receiving an AIDS diagnosis sooner than they otherwise would have.

Although the decrease in the AIDS epidemic overall is good news, it is important to remember that the AIDS epidemic is in fact multiple epidemics and there are groups, such as young gay and bisexual men, who are at continued high risk of seroconversion. In addition, the overall need for AIDS-related care should not change over the next four years since the reduced resources required due to the slight decline in the number of persons living with AIDS will be offset by the additional resources needed to provided increasingly complex and expensive therapies and to provide non-medical care (such as food and housing) for a patient population which will be increasingly comprised of injecting drug users, women, people of color , and others who may have fewer economic and social resources.

TABLE 1

PERSONS DIAGNOSED WITH AIDS IN SAN FRANCISCO IN 1992 AND 1993 (REPORTED AS OF 2/28/94)

Patient Category	Cases Diagnosed During: 1992	1993	Percent Change
African American	370	305	-18%
Latino	334	236	-29%
Asian / Pacific Islander	62	82	32%
Native American	23	10	-57%
White	2,239	1,631	-27%
Females	118	97	-18%
Males	2,910	2,167	-26%
Gay/bisexual males	2,427	1,807	-26%
Heterosexual IDUs	269	197	-27%
Gay/bisexual male IDUs	233	174	-25%
Lesbian/bisexual female IDUs	3	3	0%
Heterosexual contact	45	34	-24%
Other risk groups	51	49	-4%
ALL	3,028	2,264	-25%

FIGURE 1

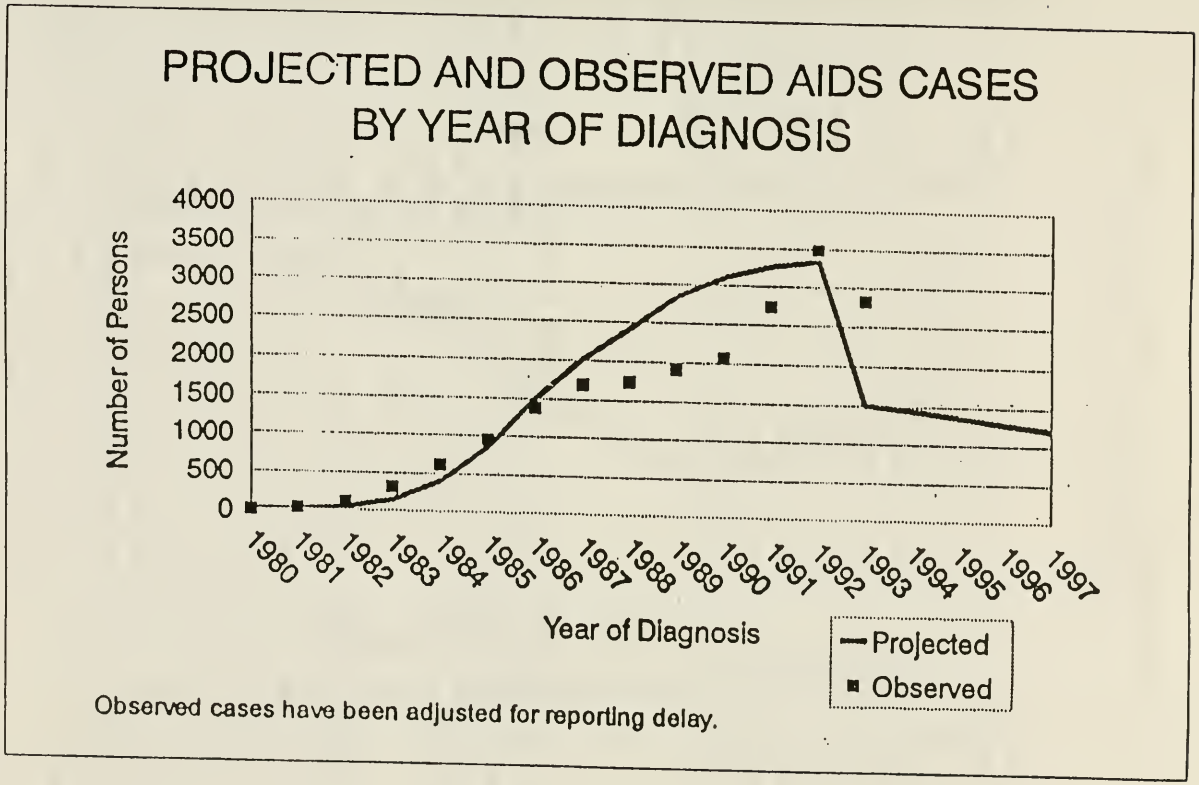
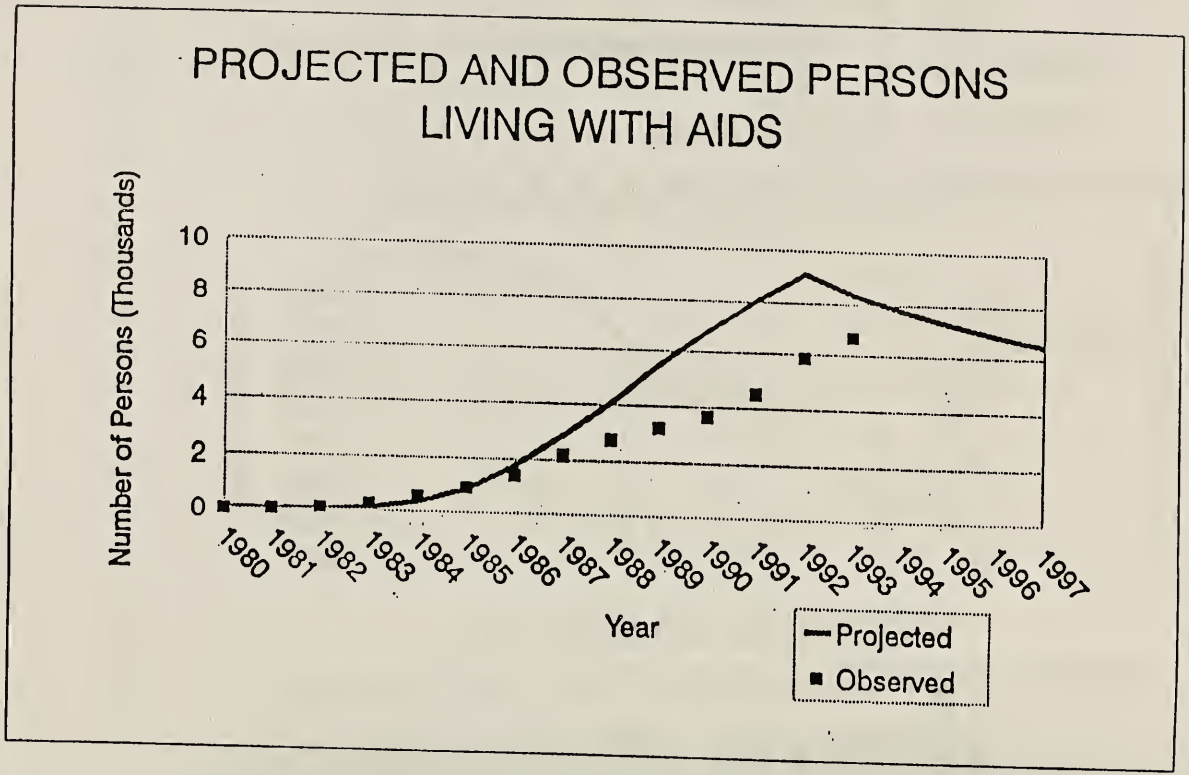

PROJECTED AND OBSERVED AIDS CASES
BY YEAR OF DIAGNOSIS
Number of Persons
4000
3500
3000
2500
2000
1500
1000
500
0
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
Year of Diagnosis
Projected
Observed
Observed cases have been adjusted for reporting delay.

FIGURE 2


PROJECTED AND OBSERVED PERSONS LIVING WITH AIDS
Number of Persons (Thousands)
10
8
6
4
2
0
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
Year
Projected
Observed

B. ESTABLISHMENT OF THE HIV PREVENTION PLANNING COUNCIL (HPPC)

The HPPC is a thirty-six (36) member body appointed by the Director of the AIDS Office and approved by the Director of Health to develop and implement an HIV Prevention Plan for San Francisco (under guidelines promulgated by the CDC). The group is charged with the responsibility for establishing priority HIV prevention strategies, interventions and evaluation methodologies which will be considered in the allocation of federal, state and local HIV prevention funds within San Francisco. The HPPC is also responsible for evaluation of the HIV Prevention Community Planning process and the responsiveness and effectiveness of administrative mechanisms for addressing HIV prevention priorities and allocating funds for their implementation. The HPPC is co-chaired by Valerie Kegebein (Chief, Prevention Services Branch of the AIDS Office), Cynthia Gomez (Research Specialist with the Center for AIDS Prevention at UC San Francisco), and Kerrington Osborne (National Task Force on AIDS Prevention).

Composition:

The multi-ethnic/sexually diverse membership of the HPPC consists of representatives of governmental and non-governmental agencies; experts in epidemiology, behavioral and social sciences, evaluation, research and health planning; youth; persons affected by (and infected with) HIV. Members were selected through an open community process which began with a call for nominations from all prevention providers, individuals and other community-based organizations.

The HPPC, as finally constituted, is a diverse group in terms of ethnicity, gender, sexual orientation, government/research and CBO affiliation. The first meetings of the HPPC have been dedicated to orientation and education of the membership to bring everyone to a common understanding of the issues and approaches to be used in later deliberations. The focus has been on team building, developing an understanding of parliamentary procedures, and clarification of the multiple "hats" worn by the members. The next meetings will deal with the concepts of public health and the specifics of epidemiology and interpreting data. All meetings are open to the public and a public file of all HPPC-related materials is maintained at the Reception Desk of the AIDS Office. We believe that this prevention planning council will result in prevention efforts which are truly responsive to the needs of our diverse communities.

C. HIV PREVENTION PROJECT/PREVENTION POINT NEEDLE EXCHANGE

The goal of the HIV Prevention Project and Prevention Point Needle Exchange is (1) to prevent the spread of HIV by providing IDUs with sterile syringes; and (2) to provide a non-judgmental service in which IDUs could receive AIDS education and referrals to drug treatment and other health related services. Since April 1993, the program has provided services in the following neighborhoods: Western Addition, Tenderloin, Civic Center, South of Market, Mission, and Polk Gulch. Between April - September 1993, the program provided: 170 IDU referrals to HIV testing and counseling services; 72 IDU referrals to medical and social services; and 65 IDU referrals to drug treatment services. However, the cuts in the DPH budgets (Attachment A) resulted in diminished access to drug treatment (programs with limited capacity to admit). The program has also expanded services in the Bayview Hunters Point and Doublerock neighborhoods to reach a higher proportion of African American injection drug users. Based on data collected through December 31, 1993, the ethnic breakdown of the targeted population served is: White - 59%, African American - 27%, Latino/a - 11%, Asian - 2%, Native American - 1%. In total, there were 33,799 clients contacts made resulting in one-for-one exchange of 799,880 syringes in the last nine months of operation.

In addition, to the good this program has done in San Francisco, our efforts inspired at least three other localities, Marin, Sanoma and Boston to establish needle exchange programs despite California and Massachusetts having laws prohibiting needle exchange.

D. HIV/AIDS AGENCY CONSOLIDATION

In response to the directive from this Commission, as well as the Mayor's Office, the AIDS Office has taken a number of steps to consolidate AIDS Contracts.

1. To consolidate Health Services, 11 general fund contracts for 3 different service modalities (benefits counseling, client advocacy, and emotional and practical support) were bid in one RFP. The goal was to get HIV providers to work together more closely and to insure that clients did not have to go to multiple sites to obtain the services they need. The RFP produced two consolidated contracts which provide uniform intakes, joint volunteer recruitment, and joint staff and volunteer training.

2. To consolidate Prevention Services, 26 general fund contracts were bid in two RFPs, one for outreach services and one for other types of prevention services. The outreach contract resulted in a single contract. We believe this will ensure that all parts of the city are covered in terms of prevention messages and that messages to clients are not conflicting. The other prevention services will be provided through an additional six contracts.

3. To consolidate AIDS housing intakes and waiting lists, after an extensive community planning process, we issued an RFP for an agency to coordinate housing placements in San Francisco. The contract with Independent Housing Services will provide for one citywide listing of all AIDS specific and non-AIDS specific housing in the city. The agency will teach intake workers at agencies throughout the city how to complete a basic housing intake so that clients will not have to go to a separate agency to be placed on the waiting list for housing. The agency will keep the citywide waiting list and will coordinate placement of clients among the different housing providers.

4. To further consolidation of AIDS Health and Prevention Services, the AIDS Office is planning to consolidate program managers from our Health Service and Prevention Branch into one unit. This unit will improve uniformity of AIDS Office contracts. It will enable us to more easily write contracts and perform monitorings of agencies that perform both prevention and health services. We have already piloted this methodology with two contracts for prevention and health services that have been ratified by this commission.

We are currently working with the Ryan White Care Council and the AIDS Office Advisory Groups to formulate our next set of consolidations. The next set will involve CARE contracts, as we have already consolidated our general fund contracts (1 and 2 above). Although still in a preliminary stage of planning, we would like to consolidate intake for all health services in a manner similar to our new consolidated housing intake. The ingredients of this system would be:

a. A computerized data base which would include updated information on all AIDS services and would be available to clients and case managers throughout the system.

b. A uniform intake, agreed on by all AIDS agencies that contract with the City, which would include those data elements that everyone needs to collect (age, ethnicity, address, etc.). Agencies would then add elements that were specific to them (e.g., special nutritional requirements for a food program).

c. A computerized system that would allow all agencies to pull up information about clients (with their permission) who have already hand an intake at another agency. This system would be designed to fulfill the requirements of HRSA for date reporting at the level of unduplicated clients.

This type of consolidation emphasizes coordinating services rather than centralizing services. We believe this approach will achieve the goal of making our service system more user friendly without any loss of cultural competency.

This approach is consistent with the findings of the Ryan White Needs assessment. The assessment found that clients appreciated the array of services available in San Francisco, but found that the system was complicated and difficult to use. Clients cited the need to repeatedly provide the same information, including a letter of diagnosis, as one aspect of frustration.

E. 1994-1995 CARE AWARDS

San Francisco has received notification that we will receive 39.2 million dollars in Ryan White CARE funds for fiscal year 1994-95. This is a 44% increase from the 28 million dollars we received in the current year.

The supplemental application is a competitive one and San Francisco did extremely well. We received 106% of our formula award. Of the 34 cities eligible for CARE funding, only 12 cities received more than 100% of their formula award, and only 6 cities received more than 106% of their formula award. Overall, San Francisco received the second highest allocation of funds in the United States.

F. MULTI-DIAGNOSES RESIDENTIAL DETOXIFICATION TREATMENT CENTER

The Multi-diagnoses Residential Detoxification Treatment Center is designed to provide medical detoxification and residential substance abuse treatment services to adults with mental health and HIV related problems. A secondary goal of this program is to assure the continuity of care and movement toward community-based treatment programs for the client's HIV, psychiatric condition and substance abuse.

The program is a blend of a variety of treatment approaches. It includes a six bed one to three day medical detoxification program which can be either voluntary or involuntary, a follow up 24 bed residential treatment component for up to 45 days, and a discharge planning and case management component for transition into the extended community-based treatment system for HIV, mental health and substance abuse services. The program will serve both men and women who present themselves in the emergency room inpatient units and outpatient clinics at San Francisco General Hospital (SFGH) and DPH Health Clinics who may be HIV infected, are under the influence of drugs or alcohol and who may have psychiatric problems as well. There will be a staffing blend of mental health, substance abuse, medical and HIV specialists. All of the referrals to the program will come for within the health care system as an alternative to or step down from acute care.

Funding for the program is provided through a combination of Ryan White CARE funds, General Fund and Short Doyle MediCal dollars. The residential treatment component, located at the Tom Smith Center on the campus of SFGH, began providing services on December 17, 1993 and is fully operational. The program has served 60 clients to date, 20 of whom are HIV infected.

Both the Detoxification Unit, housed at SFGH, and the Case Management Unit, provided by the AIDS Health Project at SFGH, are scheduled to start May 1, 1994.

G. HEALTH CENTER #1 MULTI-DIAGNOSIS PROJECT (MDP)

The Multi-Diagnosis Program (MDP) is designed to provide HIV patients at Health Center #1 with comprehensive, integrated primary care, mental health, and substance abuse services at a single site. The project goal is to assist patients to reduce harmful substance use, attenuate psychiatric symptoms, maintain continuity of primary medical care, improve psycho-social functioning, and meet basic survival needs. The MDP program has adapted the adult outpatient model of care used by the Dept. of Mental Health and Substance Abuse (DMS) and has linked with existing primary care services at the health center.

The MDP program offers HIV patients with psychiatric and/or substance abuse problems a continuum of services including: psycho-social assessment, brief psychotherapy, psychiatric medications and medication management, primary care, health education, crisis intervention, and case management. The multidisciplinary staff includes medical and psychiatric social workers, a registered nurse, a medical evaluations assistant, a part time psychiatrist and part time health educator.

Funding for the program is provided through a combination of Ryan White CARE Supplemental funds and DPH General Fund HIV Reserve monies. MDP began providing limited services (medications management only) in July 1993 and is currently fully operational. The program has received over 90 referrals to date and 60 of these clients have received mental health and/or substance abuse services. All are currently receiving primary care services as well. An additional 30 clients are currently on a waiting list.

MDP is a first step in the implementation of the concept of community oriented primary care at Health Center #1 and provides the opportunity to improve patient care and access to a continuum of linked services. It is anticipated that this will contribute to more efficient utilization of resources and increased patient satisfaction.

II. Acknowledgments

The San Francisco Five-Year HIV/AIDS Housing Plan was made possible by the generosity and vision of the Corporation for Supportive Housing who provided expertise, funding, and staff time for the development of the Plan; the leadership and staff of the Department of Public Health's AIDS Office and the San Francisco Redevelopment Agency who sponsored the development of the Plan, facilitated community planning forums and contributed to the final report; and the valuable contributions of the many people who actively participated in the long and challenging community planning forums including: persons living with HIV/AIDS; local HIV/AIDS housing and social service providers; non-profit housing developers; community based social service providers; member of the HIV Health Services Planning Council; representatives from various public agencies including Commuity Substance Abuse Services, Department of Mental Health, Department of Social Services, Housing Authority, and the Mayor's Office of Housing.

AIDS Housing of Washington deserves special recognition for the excellence and expertise of its staff who facilitated the community plannings forums, provided outstanding consulting services, and made important contributions to the final report.

Each of the participants is to be commended for working cooperatively and dedicating long hours to ensure the success of this landmark project. (A list of participants is found on page 63.)

III. Executive Summary

A. Overview

The San Francisco HIV/AIDS Housing Plan (Plan) establishes a five-year strategy to expand the availability of long-term housing linked to supportive services for low-income persons with HIV/AIDS in San Francisco. The Plan is a flexible planning tool to be used over the next five years to reconfigure and to expand the present housing system to better address the needs of persons with HIV/AIDS.

Each year, the HIV Health Services Planning Council (Planning Council), the San Francisco Redevelopment Agency, and other planning groups such as those working on the Comprehensive Housing Affordability Strategy (CHAS), should use the priorities established in the Plan to make funding allocation decisions for the expenditure of: (1) Housing Opportutunities for Persons with AIDS (HOPWA) funds; (2) Comprehensive AIDS Resources Emergency Act (CARE) funds; and (3) other local housing funds targeting "special need" populations.

B. Background

In San Francisco, many persons with HIV/AIDS are unable to obtain affordable housing that provides access to the level of care that they require, and meets minimal health and safety quality standards. As a result, there are a growing number of persons with HIV/AIDS who are homeless, living in substandard housing, and/or living in settings that do not meet their basic needs for

survival. This critical situation has evolved for a number of reasons which include, but are not limited to: a.) discrimination against persons with HIV/AIDS in housing; b.) a shortage of low-income housing; c.) persons with HIV/AIDS having spent down to poverty; d.) lack of residential programs designed to serve clients with HIV/AIDS who are active substance users; e.) shortages of mental health and substance abuse residential treatment beds; and f.) a HIV/AIDS housing system that is operating at full capacity, with 1 to 2 year long waiting lists.

Services provided to people without adequate housing are much less effective than services provided to people who are housed. While living with HIV/AIDS is challenging under the best of circumstances, the stress of living in unstable, or inadequate housing, or living on the streets makes it profoundly more difficult. Persons with HIV/AIDS living without adequate housing are much more difficult to reach and costly to serve. Health care costs are substantially higher for persons who have no home. Numerous studies have demonstrated that the health of homeless persons deteriorates more rapidly than those who have housing, resulting in shorter life spans and higher health care treatment costs. In addition, homeless people tend to rely on the most expensive health care settings - hospital emergency rooms - because they have no regular linkage to a primary health care provider.

In San Francisco, the current "system" of HIV/AIDS housing evolved over the last decade from the efforts of a variety of social service providers to expand their service models to include housing services to meet the critical needs of their clients. The majority of these programs (transitional housing; permanent housing, hotel vouchers, etc.) were leased programs. Lacking a coordinated approach to planning and long range development, the present housing system has inherent shortcomings, some of which include the following:

1. No process to ensure equity in access for all populations affected by HIV/AIDS;

2. Inadequate linkages between programs to ensure client flow through the continuum of housing as their needs change over time;

3. Shortages in the number of beds available in different levels of the housing continuum which results in "system bottlenecks" in both directions of the continuum (i.e. clients who decompensate must remain in programs that do not meet their needs and clients who's health improves are unable to move to a lower level of care due to lack of available beds);

4. No mechanism to provide up-to-date, accurate information to all service providers and clients about housing programs, eligibility requirements, admission applications, wait lists, and other information;

5. Approximately 65% of all HIV/AIDS specific beds are located in leased properties, and are therefore vulnerable to reductions or eliminations of categorical funding sources;

6. Limited coordination with non-HIV/AIDS specific housing services to increase system capacity and ability to leverage other funding sources;

7. Limited resources developed to improve technical capacity building for non-profits to prepare for ownership and government licensing requirements.

In 1992, funding for San Francisco to provide housing and related support services to persons with HIV/AIDS was dramatically increased with the enactment of a new federal funding program, Housing Opportunities for Persons with AIDS (HOPWA). At that same time, the Department of Public Health's AIDS Office was in the process of transitioning a significant component of its HIV/AIDS housing programs from one of the largest housing providers (Shanti Project) to new providers. Both of these events combined to create a unique opportunity to address the systemic issues identified above and to better prepare for the disbursement of these and other existing federal, state and local housing funds. To ensure the development of a comprehensive HIV/AIDS housing system, a strategic planning process was initiated in the Spring of 1993.

The San Francisco Redevelopment Agency in cooperation with the AIDS Office, conducted a HIV/AIDS housing needs assessment. The needs assessment was a qualitative, rather than a purely quantitative assessment of the need for housing for persons with HIV/AIDS. Following the conclusion of the needs assessment, the AIDS Office initiated and lead a community planning forum on San Francisco's continuum of housing services. The Five-Year HIV/AIDS Housing Plan is the product of this planning process.

C. Critical Issues

The most critical issue considered in developing this plan was how to establish a set of priorities to be used in making funding allocation decisions. The limited funding resources available to provide housing and related services for persons with HIV/AIDS made this issue particulary difficult to resolve. Ideally, everyone deserves a safe, affordable and appropriate place to live. In reality, the current system cannot achieve this goal given the level of resources available. The challenge is twofold: 1.) to maximize the impact of AIDS housing resources to increase system capacity; and 2.) to develop a comprehensive HIV/AIDS housing system that ensures equitable access and a continuum of care. This can be best addressed by the formulation of a distinct methodology and set of priorities for making critical funding allocation decisions.

This Plan recommends the following substantial changes to the existing housing system.

(1.) Focus scarce resources on persons disabled by HIV/AIDS.

(2.) Develop programs to provide housing for very low income persons with HIV/AIDS, with special consideration for projects that service homeless persons.

(3.) Progressively convert housing leased by non-profit agencies to owned property in order to ensure long term availability and affordability.

(4.) Establish centralized access to housing resources in order to make access more equitable.

Some community members have made compelling arguments that a focus on those persons already disabled by HIV/AIDS does not support efforts by non-disabled HIV positive persons to keep themselves healthy. However, prioritizing housing resources for persons disabled by HIV/AIDS, particularly those who also have other disabilities such as mental illness, and/or substance abuse makes sense because they are in the greatest need. This does not mean that San Francisco should end its efforts to house persons who are not yet disabled with HIV/AIDS. These efforts should continue, and become stronger, as described in this Plan, but a high priority is placed on housing persons already disabled with HIV/AIDS.

D. Priorities

The Plan identifies five year priorities for housing persons with HIV/AIDS in San Francisco as follows: [No hierarchy is intended between or among these priorities.]

1. Develop housing linked to supportive services which can meet State licensing requirements, for persons disabled with HIV/AIDS.

2. Increase housing options for very low income persons living with HIV/AIDS, with special consideration for the homeless.

3. Convert HIV-specific housing leased by non-profits to housing that is owned.

4. Develop HIV-specific housing linked to supportive services that targets persons with multiple disabilities, such as mental illness, substance abuse, and AIDS-Dementia Complex.

5. Develop "mixed projects" which set aside units in standard affordable housing developments for HIV positive persons. These units would provide affordable housing in a mixed population setting. Services would be provided to HIV positive residents through a model program designed to provide supportive services to scattered housing sites.

6. Use tenant-based rental assistance to: (1) house homeless persons, and (2) prevent homelessness for those already housed, especially for very low income persons disabled by HIV/AIDS.

7. Establish a technical assistance and capacity building program to: (1) assist non-profit agencies in developing, owning, and managing housing, and providing services in housing for persons with HIV/AIDS, and (2) create linkages between service providers and housing providers.

8. Develop a centralized housing information and placement service to improve access to housing resources and ensure equity in access to HIV/AIDS housing.

E. Allocation of Funds

The key strategy for the development of new HIV/AIDS housing is to allocate available HOPWA and CARE funds in accordance with the priorities outlined in this Plan. Appropriate allocation of other local, state and federal housing and services funds to complement the HOPWA and CARE housing allocations will also be critical in furthering the priorities of this Plan. Section IX outlines a specific fund allocation plan.

HOPWA Funds

San Francisco can expect to receive roughly $9.8 million in *Housing Opportunities for Persons with AIDS (HOPWA) Act* funding annually if current federal appropriations remain level. The Plan recommends expenditure of approximately $75,000 of HOPWA dollars annually on technical assistance and capacity-building activities. It further recommends 10 to 20 percent of annual funds be used for lease/rental assistance, or about $1,960,000 annually. The higher end of this range may be commited to rental assistance if sufficient capital develpment projects are not funded over time. The Plan also recommends that 15 percent of HOPWA dollars be used to fund supportive services and operating costs for new capital projcets. The balance of the HOPWA funds, or approximately 70 to 75 percent, should be used for capital development projects that meet the highest priorities set forth. It is anticipated that these capital projects will focus primarily on meeting theneeds of homeless and very low income people, the majority of whom will be disabled by HIV/AIDS.

Given the time required to acquire and construct or renovate buildings, projects that are funded in one year are likely to actually house people about two and one half years after the funding is allocated. For example, a project funded in July 1994 is likely to be in service -- renting units -- beginning January 1997.

Over the five year period, 260 new residential settings* should be funded, and 115 residential settings currently leased should be converted to non-profit ownership. All of the units proposed in this five year Plan will be available to house persons with HIV/AIDS by the year 2001.

In 1997, between 45 and 90 new units will be rented. In 1998, between 33 and 77 units will be rented. In 1999, between 66 and 99 units will be rented, and in the year 2000 between 66 and 132 new units will be rented, and in the year 2001 the balance of the units not opened in 2000 will be rented.

* A residential setting is defined as a Single Room Occupancy hotel room (SRO), an apartment, or bed in a residential facility.

CARE Funds

After the first year of program operation, services related to the housing developed with HOPWA funds should be financed with *Comprehensive AIDS Resources Emergency (CARE) Act* funds. Standards for the level of funding for each project must be set, taking into account other sources

of reimbursement and residents' fluctuating care needs. As leased properties are converted to non-profit ownership, funds that were used for the higher cost of leases should be redirected to providing additional services.

Acordingly, it is recommended that CARE funds be used to:

1. Maintain existing rental assistance programs.

2. Maintain existing service programs providing support services to clients in permanent housing.

3. Following the first year of program operation, provide funding for supportive services and operating costs of capital projects developed by HOPWA .

4. Fund a new demonstration program to provide services to clients located in "mixed" affordable housing projects.

5. Fund a portion of the costs for a technical assistance and capacity building program.

F. Implementation Strategies

This Plan will only be as effective as the implementation strategy used to carry out its objectives. The keys to implementation are:

1. Strategic allocation of HOPWA and CARE funds to develop and lease housing;

2. Establishment of a strong capacity-building and technical assistance program for housing and service providers; and

3. Aggressive pursuit of systems and financing reform to improve and stabilize housing for people living with HIV/AIDS.

4. Creation of a stronger partnership between San Francisco and local nonprofits, and strengthening of inter-departmental coordination between the City and State, Federal and local private agencies. In addition, public agencies will be much more effective in implementing these strategies if they work closely with existing non-profit agency networks, such as the Council of Community Housing Organizations, HIV/AIDS Housing Network, Supportive Housing Network, and others.

5. Establishment of a joint initiative of the AIDS Office and the Redevelopment Agency to implement a five-year pilot production program to implement the specific development schedule identified in Section IX, the Allocation Plan.

G. Blueprint for Action

The priorities, allocation plan and implementation strategies are at the heart of making the Five Year HIV/AIDS Housing Plan a blueprint for action. The action will not occur, however, just because there is a Plan. Committed people, many of whom were involved in working on this Plan, persons with HIV/AIDS, the staff of non-profit housing and service agencies, people in government who finance housing, health and social services programs, and other community members who participate in planning bodies and volunteer programs – will drive the process of developing a continuum of housing.

The proof of the Plan's success will be each new person with HIV/AIDS who gains access to affordable, service-enriched, quality housing over the next five years.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-94

SUPPORTING SAN FRANCISCO'S FIVE-YEAR
HIV/AIDS HOUSING PLAN

WHEREAS, the Department of Public Health AIDS Office has determined that there is a shortage of long-term housing linked with services for low income people with HIV/AIDS in San Francisco; and,

WHEREAS, the Department of Public Health AIDS Office, along with the San Francisco Redevelopment Agency (SFRA) have developed a Five-Year HIV/AIDS Housing Planning with the help of the Corporation for Supportive Housing and AIDS Housing of Washington, and extensive input from local HIV/AIDS housing and service providers, housing developers, government officials, members of the Planning Council, advocacy groups, and persons with HIV/AIDS; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the priorities as outlined in this housing plan.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 5, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

ATTACHMENT D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Pierre R. Ludington
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
April 19, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 5, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Monthly update on San Francisco General Hospital expenditures and revenues for FY 1993-94.

(3.2) SFGH - Proposition J - Request to approve a resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Security Guard services can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1994 through June 30, 1995.

(3.3) CHS - AIDS - Request for approval of the FY 1994-95 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Supplemental and Title II services, with a combined total of $27,249,752 for the period of May 1, 1994 through June 30, 1995.

(3.4) CHS - AIDS - Renewal contract with California Pacific Medical Center/Operation Concern, in the amount of $94,233 for HIV/AIDS Prevention Education, for the period of May 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94).

(3.5) CHS - AIDS - Renewal contract with the Gay Asian/Pacific Alliance Community HIV Project as fiscal agent in a collaborative effort with the Asian AIDS Project, in the amount of $156,125 for HIV/AIDS prevention education to the Asian/Pacific Islander communities for the period of May 1, 1994 through June 30, 1995. (DPH contracted with Gay Asian Pacific Alliance for services totaling $302,850 in FY 1993-94).

(3.6) CHS - AIDS - Renewal contract with Planned Parenthood of Alameda/San Francisco in the amount of $63,079 for the provision of HIV/AIDS prevention and education for women, for the period of May 1, 1994 through June 30, 1995. (DPH contracted with Planned Parenthood for services totaling $676,608 in FY 1993-94).

(3.7) CHS - AIDS - New contract with Coalition for Immigrant and Refugee Rights and Services (CIRRS) as the fiscal agent for Gente Latina de Ambiente (GELAAM), in the amount of $70,237, to provide HIV prevention education services to primarily Spanish speaking and/or immigrant Latino gay and bisexual men living in the Mission, Castro and Tenderloin districts of San Francisco for the period of May 1, 1994 through June 30, 1995. (DPH contracted with CIRRS for services totaling $74,423 in FY 1993-94.)

(3.8) CHS - EMS - Requesting approval to apply for and accept and expend a new grant in the amount of $97,490 from the State EMS Authority to provide for the continuing development of the Emergency Medical Services Agency Data Linkage Project for the period of June 24, 1994 through June 25, 1995.

(3.9) CHS - EMS - Requesting approval to apply for and accept and expend a new grant in the amount of $50,540 from the State EMS Authority to provide for the development of a Grief Support Training Program for Prehospital Personnel for the period of June 24, 1994 through June 25, 1995.

(3.10) DMS - CMHS - Requesting approval to accept and expend a continuation grant in the amount of $128,065 from the Department of Rehabilitation to provide vocational services for psychiatric clients for the term of July 1, 1994 through June 30, 1995. In addition, approval is requested for a contract modification and a sole source with Community Vocational Enterprises, California Pacific Medical Center (CVECPMC) in the amount of $128,065 to provide vocational services to psychiatric clients for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94.)

(3.11) Consideration of a site approval for Instituto Familiar de la Raza at 2837 Mission Street, San Francisco, 94110.

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

5) **CONTINUANCE OF THE CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM**

6) **PRESENTATION ON DEPARTMENT OF PUBLIC HEALTH INTEGRATION PLANS FOR FY 1994-95 AND DEPARTMENT OF PUBLIC HEALTH BUDGET UPDATE FOR FY 1994-95**

7) Time Specific: 4:00 p.m.

PRESENTATION FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S ADVISORY COMMITTEE AND CONSIDERATION OF A RESOLUTION FROM THE COMMITTEE

NOTE: The Health Commission has invited members of the Commission on the Status of Women to jointly hear this item.

8) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 19, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras

Absent: Commissioner Keith I. Marton, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 5,1994

Action Taken: The Commission unanimously adopted the minutes of April 5, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) Monthly update on San Francisco General Hospital expenditures and revenues for FY 1993-94.

(3.2) SFGH - Proposition J - Request to approve a resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Security Guard services can be performed at a lower cost by a private contractor than by City employees, for the period of July 1, 1994 through June 30, 1995.

(3.3) CHS - AIDS - Request for approval of the FY 1994-95 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Supplemental and Title II services, with a combined total of $27,249,752 for the period of May 1, 1994 through June 30, 1995.

Commissioner Castaneda commented on the Commission's reliance on the Department staff to monitor the many contracts.

(3.4) CHS - AIDS - Renewal contract with California Pacific Medical Center/Operation Concern, in the amount of $94,233 for HIV/AIDS Prevention Education, for the period of May 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94).

Commissioner Jackson stated that California Pacific Medical Center has a plan to address its Board composition.

(3.5) CHS - AIDS - Renewal contract with the Gay Asian/Pacific Alliance Community HIV Project as fiscal agent in a collaborative effort with the Asian AIDS Project, in the amount of $156,125 for HIV/AIDS prevention education to the Asian/Pacific Islander communities for the period of May 1, 1994 through June 30, 1995. (DPH contracted with Gay Asian Pacific Alliance for services totaling $302,850 in FY 1993-94).

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This item was postponed.

(3.7) CHS - AIDS - New contract with Coalition for Immigrant and Refugee Rights and Services (CIRRS) as the fiscal agent for Gente Latina de Ambiente (GELAAM), in the amount of $70,237, to provide HIV prevention education services to primarily Spanish speaking and/or immigrant Latino gay and bisexual men living in the Mission, Castro and Tenderloin districts of San Francisco for the period of May 1, 1994 through June 30, 1995. (DPH contracted with CIRRS for services totaling $74,423 in FY 1993-94.)

Commissioner Paras noted the contractor's non-compliance with its target population for this funding.

(3.8) CHS - EMS - Requesting approval to apply for and accept and expend a new grant in the amount of $97,490 from the State EMS Authority to provide for the continuing development of the Emergency Medical Services Agency Data Linkage Project for the period of June 24, 1994 through June 25, 1995.

(3.9) CHS - EMS - Requesting approval to apply for and accept and expend a new grant in the amount of $50,540 from the State

EMS Authority to provide for the development of a Grief Support Training Program for Prehospital Personnel for the period of June 24, 1994 through June 25, 1995.

The Department will bring back consideration for a contract approval.

(3.10) DMS - CMHS - Requesting approval to accept and expend a continuation grant in the amount of $128,065 from the Department of Rehabilitation to provide vocational services for psychiatric clients for the term of July 1, 1994 through June 30, 1995. In addition, approval is requested for a contract modification and a sole source with Community Vocational Enterprises, California Pacific Medical Center (CVECPMC) in the amount of $128,065 to provide vocational services to psychiatric clients for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Medical Center for services totaling $10,457,674 in FY 1993-94.)

(3.11) Consideration of a site approval for Instituto Familiar de la Raza at 2837 Mission Street, San Francisco, 94110.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

President Jackson announced the resignation, due to illness, of Commissioner Pierre Ludington.

Special presentations to Pierre Ludington were made by former Mayor Art Agnos, Supervisor Susan Leal on behalf of the Board of Supervisors, Supervisor Carol Migden on behalf of Mayor Jordan, and President Jackson on behalf of the Health Commission. Each Commissioner expressed appreciation and praise for Mr. Ludington's work and commitment to health care for all people. Also present in the audience to honor Mr. Ludington were former Health Commissioner Paul Rosenstiel, Jan Masaoka, Dr. Harry Hollander, Supervisor Kevin Shelley, and many personal friends. Mr. Ludington expressed his appreciation to everyone, making special reference to Art Agnos and Dr. Sandra Hernandez.

DIRECTOR'S REPORT

(Sandra R. Hernandez, M.D., Director of Public Health)

HEALTH COMMISSION

- Resignation: The Department of Public Health joins the Commission in paying tribute to Commissioner Pierre R. Ludington. The Executive Staff and I want to thank him for his leadership, commitment and support of the Department during his four year tenure as a Health Commissioner.

Commissioner Ludington has been a tireless champion of

multiple AIDS causes. As the Executive Director of Bay Area Physicians for Human Rights, he led that group to the forefront of AIDS policy decisions. As Co-Chair of the Ryan White Planning Council he helped establish the planning process and infrastructure for infusing millions of dollars of relief aid for services in San Francisco. He provided leadership in the consolidation of DPH service contracts and advocated that better services could be provided to clients if agencies worked more closely together. While he has been a strong supporter of services for all persons infected with HIV, he has been especially concerned about DPH services provided for children and youth.

Commissioner Ludington has been very active on HIV prevention issues and was a member of the HIV Prevention Advisory Committee. In recent months, despite his ill health, he chaired a meeting of the Joint Conference of the Health Commission in order to comment on his opposition to the proposed opening of a bath house. While a strong supporter of rights for gay men and lesbians, he stated it was unconscionable that San Francisco would allow bath houses to open. He said, "I will publicly oppose anything that results in new HIV infections".

Commissioner Ludington will be especially missed for his passionate advocacy for all the clients we serve.

UPDATE ON MANAGED CARE EFFORTS

- Foundation Health Application to the State: The State Department of Health Services' Strategic Plan for the Expansion of Medi-Cal Managed Care allows for the voluntary enrollment of a portion of Medi-Cal beneficiaries into private managed care plans before the Mainstream plan and the Local Initiative plan are operational in March 1995.

  The State Department of Health Services received an application from Foundation Health Plan to contract to provide services to Medi-Cal beneficiaries in San Francisco. Foundation Health has targeted a Medi-Cal membership level of 7,500 individuals in San Francisco County over the next year, and would be authorized by the State contract to enroll up to a total of 18,000 beneficiaries. Foundation Health will have contractual arrangements for the provision of care with St. Luke's Hospital, and the Regents of the University of California on behalf of UCSF Medical Center. Foundation Health is planning to enroll Medi-Cal beneficiaries in all Medi-Cal aid categories (the blind, disabled, aged, medically needy, and medically indigent children and adults who receive Medi-Cal). All zip codes within San Francisco will be covered by the contract. The Department is preparing a response to the State describing our concerns with this premature enrollment of Medi-Cal clients into managed care before the Local Initiative is authorized by the State to open its doors.

- Local Initiative Governing Board: At the last meeting of the Local Initiative Steering Committee, on March 30, 1994, the committee discussed the Health Commission's request to have an ex-officio seat on the Local Initiative Governing Board. The discussion was continued to the next Steering Committee meeting which will be held this evening as an action item.
- City/County Financing of the Local Initiative: The capital required to finance the Local Initiative is estimated to be $3.1 million over the next 5 years (this includes tangible net equity requirements, start-up costs, and operating expenses). Through SB 456, the State is expected to finance the remaining $2 million. One option proposes that all contributing governing board seats share equally in capital contributions. This would mean a total contribution from the City/County of $714,285, to be taken from the Department's budget.

  The second option proposes that the City/County contribute $1.4 million in equity, also to be taken from the Department's budget. The remaining board seats would provide a $0.6 million loan at a floating rate, for a five-year term. The Steering Committee will also consider this item as an action item this evening.

- Managed Care Steering Committee: The Department's Managed Care Steering Committee was formed to prepare the department's entire organization for health care delivery under managed care and capitated financing. Mr. Richard Cordova and Dr. Robert Prentice co-chair this department-wide committee.

- Provider Health Organization (PHO): As part of the Department's preparation to enter into managed care at risk contracts, a PHO Liaison Committee has been convened to create a forum whereby the UCSF/SFGH Clinical Practice Group (CPG) and DPH could consider and recommend to our respective governing entities when and how to jointly enter into managed care (at risk) contracts. The intent is to negotiate and coordinate with the newly formed Clinical Practice Group of SFGH/UCSF medical staff specific recommendations regarding at risk contracts including the appropriate allocation of capitated revenue and risk. Final authority for DPH will of course remain in the preview of the Health Commission, Mayor, and Board of Supervisors for any and all DPH financial endeavors. Likewise the CPG will need final approval from the Deans Office and ultimately from the UC Chancellor. The Committee's membership includes: Myself for DPH, Mr. Cordova for SFGH, Dr. Elliot Rapaport for the Dean's Office, and Dr. Merle Sande for the CPG.

  As part of our efforts to clarify the PHO Medical Director's role under managed care, the PHO Liaison Committee has agreed to not duplicate the Medical Directors costs between

the CPG and DPH. The Committee has agreed to 50%/50% of the salary support for the newly created position of Medical Director of PHO for managed care contracts.

We have also agreed that the Medical Director's primary focus needs to be to assure that all medical staff (CPG faculty and DPH's CPHS medical staff) comply with clinical protocols, productivity incentives, and financial risk management for managed care contracts.

Since the discussions of the PHO Medical Director have focused on the relationships between the Chief of Service and the Medical Director, I plan to appoint/hire a "Chief of Service" for the Primary Care Network medical staff. In this way, the PHO Medical Director can interface/interrelate with this individual on behalf of the Primary Care Network physicians in the same way as he/she will interface with the Chiefs of Service for the CPG physician members.

I will continue to provide the Commission with updates on the PHO Committee and I anticipate bringing a broad policy recommendation to you regarding at-risk contracts in the near future.

VIOLENCE PREVENTION WEEK ACTIVITIES

- "Lets Stop Kids Killing Kids: The theme for this year's National Violence Prevention Week is "Let's Stop Kids Killing Kids". CBS will telecast a special TV show, "Kids Killing Kids" on Tuesday, April 26 at 8 pm.

  On Monday, April 25, a kick-off press conference, sponsored by the Pacific Center for Violence Prevention at SFGH, will be held in the hospital's Lobby to focus public attention on the issues of youth violence and its prevention. The press conference will feature physicians, nurses, hospital and program administrators from throughout the city who regularly grapple with the health impact and toll of violence in our society. Mr. Cordova and I will participate in the press conference.

  On Thursday, April 28, the hospital's multi-disciplinary Violence Prevention Task Force, chaired by Michael Rodriguez, M.D., will sponsor a Violence Prevention Community Health Fair from 10am to 2 pm at the hospital. Organizations involved in violence prevention related activities such as domestic violence, youth violence, community violence, and elder and child abuse have been invited to share resource information.

SAN FRANCISCO GENERAL HOSPITAL

- Garage Update: Major interdepartmental coordination has been underway in recent months, as the Department of Parking and Traffic, SFGH, the Bureau of Architecture, the Bureau of Construction Management, and DPH/Toxics joined forces to

plan and organize the construction of a long awaited 811 space parking garage to serve San Francisco General Hospital. Construction plans for the $18 million project have been completed, and are currently under final review by City Planning, with final approval of the documents anticipated in early May. Final certification of the garage EIR by the Planning Commission is scheduled for May 12, 1994. Construction bids will be awarded by July 14, 1994, coinciding with issuance of revenue bonds by the Department of Parking and Traffic. Parking Meter Revenue Bonds, Series 1994, will be issued to finance the project. SFGH has played a consultant role in this project, with the Department of Parking and Traffic (DPT), responsible for all onsite and offsite parking within the City, taking the lead. DPT will be the entity purchasing the site from Muni and providing a funding vehicle for construction by amending an ordinance of the Traffic Code. A Memorandum of Understanding is being executed between DPT and SFGH to define roles and responsibilities.

The proposed site is currently occupied by Muni, which has formally agreed to vacate the premises by July 31, 1994. Decontamination of the site (asbestos abatement) will immediately follow. Demolition of existing structures on the site is scheduled for November 3, 1994, with construction to begin by January 1, 1995 and completion by July 1, 1996.

- Proposed University Research and Clinical Facility: With San Francisco General Hospital as the lead agency, the City has continued to actively pursue its proposal for a combined clinic and laboratory building on the SFGH campus in response to the University's request for information (RFI). On Monday, April 11, 1994, SFGH had the third of a series of meetings with the community neighboring the hospital. The meeting focused on SFGH's proposal to make available a site on its campus for construction of a biomedical research facility for use by UCSF. The proposed facility will be a four story structure housing research and clinical programs.

  The hospital is engaged in a community process that began with its Community Advisory Council and a Facilities Sub-Committee of the Council, expanded with discussions involving meetings with the neighbors at 22nd Street and San Bruno Avenue, and continued in a community-wide meeting, which is now established as a monthly community meeting at SFGH. A variety of concerns have been expressed, including parking, toxics, noise, views of the old brick buildings, etc. The hospital is committed to working closely and continuously with its neighbors to explore ways to minimize the negative impact of the development on the community, and to enhance community understanding of the Medical Center. The environmental review process for the proposed facility, resulted in a decision in support of a "negative

declaration" by City Planning on April 14, 1994. The negative declaration means that sufficient environmental information has been obtained to conclude there are no major environmental impacts and appropriate mitigation plans for the negative impacts have been identified. The negative declaration indicates no additional environmental review (e.g., full EIR) is required. Nonetheless, because the site involves existing parking lots, the hospital will have to go through a variance hearing at City Planning to demonstrate the ability to locate 58 parking spaces off-site during construction, and ultimately mitigate 211 spaces when the facility is opened. The proposed RFI facility should open after completion of the SFGH garage which is scheduled for July of 1996.

The University recently informed the City that the lack of an identified development team prevents the University from evaluating the proposal. A request for Qualification (RFQ) was issued on March 30, 1994 for development teams to submit their qualifications to the City. Proposals were received on April 12, 1994 and evaluated and scored by a City team in consultation with the University. The recommendation for the development team will be forthcoming shortly to the Department and will be calendared for the Health Commission meeting of May 3, prior to UCSF decision-making in May. Once a team acceptable to the City and University has been identified, the team will have the right to enter into an exclusive negotiation with the City with regard to a land-lease. The land-lease will ultimately need approval by the Health Commission and the Board of Supervisors, and is intended to be the principal instrument of control of the project.

- Medi-Cal Referral Policy Rescinded: Last Friday, the Department of Health Services rescinded its policy of issuing postponements of 90 days for elective/non-urgent services. Since the policy was implemented on February 10, 1994, between 1,000 - 2,500 requests for treatment were deferred throughout the state. The policy was rescinded after U.S. health officials warned that the state was in violation of federal law.

  Over 50 SFGH patients have been waiting for treatment to be approved. These cases include hernias, cancerous masses, orthopedic and urological problems, and MRs for AIDS patients. SFGH will be re-submitting treatment requests to the Medi-Cal field office and scheduling these patients for services as quickly as possible.

- Community Recognition Award: Carol Fink, R.N., a family nurse consultant for critical care at San Francisco General Hospital, will receive a Community Recognition Award from the California Transplant and Donor Network on Monday, April 25. Ms. Fink will be honored as one of six individuals who

has significantly contributed to the Gift of Life Program. She is a great resource and source of comfort to families who have lost loved ones in the critical care units at SFGH. She is also a highly requested speaker at ethics conferences and seminars regarding the issues of death and dying and ethical decision-making in a multi-cultural environment.

LAGUNA HONDA HOSPITAL

- Hospital Volunteers Honored: On April 12, Laguna Honda Hospital honored its five volunteer groups, LHH Volunteer Inc. Board, FreeWheelers, Pleasure Endeavors, Pastoral Care Volunteers, and the Hospice Volunteers. A luncheon was held in Gerald Simon Auditorium for approximately 300 volunteers in recognition of the many hours of service that have been provided by the volunteers for the residents of Laguna Honda. Preceding the event, a commemorative tree planting ceremony was held in memory of the late Sue Ciotti, past president of the Laguna Honda Volunteer Inc. Board. Ms. Ciotti's husband, Mr. Thomas Ciotti, along with hundreds of volunteers and staff, was present for this occasion.

- LHH Employees Annual Spring Picnic: Over 500 employees, their families and friends attended the Laguna Honda Hospital Employee Annual Spring Picnic at Marine World Africa USA in Vallejo on Sunday, April 17. This event was planned and coordinated by the LHH Employee Activity Committee as a way of building team spirit and esprit de corps for the employees at Laguna Honda.

  Mr. Wagner reports that the event's goals were overwhelmingly met, and the event was a tremendous success.

COMMUNITY PUBLIC HEALTH SERVICES

-AIDS Office/American Indian AIDS Institute: The AIDS Office has placed the American Indian AIDS Institute (AIAI) under receivership. During the last two months there have been an accelerating set of problems concerning the agency AIAI. Initially, the AIDS Office heard from a former staff member concerning problems with the AIAI Board of Directors. The AIDS Office met with members of the Board and staff. At that meeting, several problems were identified including:

1) lack of appropriate board governance;
2) perceived conflict of interest by Board members in that several members had accepted payment for services rendered;
3) the Board was not entirely representative of the clients served.

We also became aware at that meeting that there were tensions between the AIAI Board and AIAI staff. The lack of board governance was partially due to confusion over appropriate roles. AIAI is not incorporated as a non-profit 501c-3 agency. Therefore all contracts for services

provided by AIAI are with Bayview Hunter's Point Foundation or National Taskforce on AIDS Prevention. The Board of AIAI has no legal authority.

Following this meeting, some good progress was made by AIAI Board. AIAI is now incorporated, the first step in gaining non-profit status. They also began the search for a new Executive Director. Communication between Bayview Hunter's Point Foundation (the fiscal agent for AIAI) increased. Unfortunately, the tensions mounted between the AIAI Board and staff. The distrust was so great that staff did not feel safe in their office and felt client services were deteriorating.

At this point, the AIDS Office had no choice but to place the agency under receivership and Tim Offutt from the AIDS Office has been assigned to oversee AIAI until the agency is stable. During this cooling off period, the AIDS Office has also arranged, with the help of the City's Human Rights Commission, a formal mediation between AIAI Board and staff. The decision to place the agency under receivership has been supported by the AIAI Board, AIAI staff, as well as Bayview Hunter's Point Foundation and the National Task Force for AIDS Prevention. However, there have been protests by the Gay American Indians group. Our goals in taking the agency into receivership are to guarantee continuation of client services and fiscal accountability. It is our hope that the mediation will be successful and that the AIAI Board and staff will be able to work together effectively for the good of the Native American community.

- Continuum Adult Day Health Center: Last week the AIDS Office received a letter of complaint from a former staff member of Continuum. There were three specific areas of complaint: 1) the premises were unclean and roach infested; 2) medicines and other property of deceased Continuum members were not immediately disposed of or properly stored; 3) rather than having all clients sign the daily log book, X marks were used for some clients raising the question of whether the client was actually present at the facility.

  The AIDS Office performed an immediate monitoring of Continuum. They found that there were problems with roach infestation. However, this is a common problem of facilities in the Tenderloin. Also, Continuum staff were already in the process of changing cleaning services to improve cleanliness at the facility. On the matter of medicine and personal property, Continuum has an established procedure of destroying all medicines and property of deceased members on a monthly basis. Medicines were kept locked but in a closet that many staff members had a key to. In response to the complaint, staff agreed to lock the medicines in a cabinet to which only the registered nurses have access. In the matter of sign-in, Continuum's practice

is to make X marks when disabled clients come in through the wheel chair accessible door of Continuum. However, staff agreed in the future to make every effort to ensure that all clients sign in. In general, the staff were very responsible about making appropriate changes in response to the complaint and the AIDS Office will follow-up to make sure changes occur appropriately.

- Civil Service Commission/Health Center Directors: Yesterday, April 18, the Civil Service Commission considered Local 21's appeal of the Human Resources Director's decision to approve the use of class AA57 Health Center Managers to fill positions in the Health Centers.

  The Commission voted unanimously to adopt the Human Resources Director's recommendation to allow DPH to fill its Health Centers' managers positions thus denying Local 21's appeal. The Civil Service Commission also asked DPH staff about the Health Commission's position regarding this issue before their vote.

- City Clinic Hours: City Clinic has changed its drop-in patient service hours as of April 4, 1994. The new hours are:

Monday	8am - 4pm
Tuesday	1pm - 6pm
Wednesday	8am - 4pm
Thursday	1pm - 4pm (appt only 8am - 11:30am)
Friday	8am - 4pm

  This change was made to simplify the clinic schedule, shorten the 10 hour working day for clinicians on Thursday, and allow two consecutive hours for staff meeting on Tuesday. This new schedule also increases evening hours on Tuesday.

MARCH STATISTICS

AIDS Statistics (from 7/1/81 to 3/31/94)

Total San Francisco cases:	19,178
Total San Francisco deaths	12,214
Total S.F. for March	284*
Total S.F. deaths for March	192

*Includes 236 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital	
Inpatient	
Average Daily Census (except newborns):	296
Newborn Nursery:	13
Actual Patient Days (except newborns)	8,274
Newborn Nursery:	376
Admissions (except newborns):	1,401
Newborn Nursery:	122
Average Length of Stay (except newborns):	6
Newborn Nursery:	4
Discharge Patient Days (except newborns):	8,580
Newborn Nursery:	451
Discharges (except newborns):	1,419
Newborn Nursery:	121
Outpatient Visits	
Primary Health	
Family Health:	3,366
General Medicine:	2,246
Pediatric:	3,090
OB/GYN:	2,109
Specialty Clinics:	10,956
Non-admit Emergency Visits	
Emergency Room:	4,919
Psychiatric Emergency Services:	363
Psychiatric Emergency Consults:	N/A
Laguna Honda Hospital	
Average Daily Census:	1,116
Acute Services:	8
Clarendon Hall:	164
AIDS/Hospice SNF:	26
Mental Health	
SFGH/Acute Psychiatric Beds:	80
(9 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	1
CPHS - Primary Care Visits for Health Centers	
Health Center #1:	1,647
Health Center #2:	722
Health Center #3:	1,068
Health Center #4:	1,337
Health Center #5:	1,064
Tom Waddell Clinic:	3,059
Potrero Hill Health Center:	764
Southeast Health Center:	762
Special Programs for Youth:	3,141
TOTAL VISITS:	13,564

Disease Control

TB Clinic:	2,024
City Clinic:	1,751

Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 4/2/94			*Year-to-date*		
	1992	1993	1994	1992	1993	1994
AIDS*	232	592	288**	497	1930	715**
Campylobacteriosis	68	45	47	163	146	115
Giardiasis	21	35	26	69	63	95
Hepatitis A	53	19	18	131	55	38
Hepatitis B	8	5	4	29	16	13
Salmonella	12	25	11	31	49	37
Shigella	22	17	15	68	51	45
TB	40	38	30	91	95	71
Gonorrhea	296	243	217	781	529	493
Syphilis	48	17	11	138	42	24

* Resident cases only
**Includes cases meeting 1993 definition of AIDS

CREDENTIALING ACTION

San Francisco General Hospital: On behalf of the governing body, the following appointments and reappointments of SFGH Medical Staff were approved during January, February, and March:

Appointments to the Active Staff:	5
Reappointments to the Active Staff:	35
Appointments to the Courtesy Staff:	7
Reappointments to the Coutesy Staff:	31
Appointments to the Affiliated Staff:	0
Reappointments to the Affiliated Staff:	7

Details are available in the Commission Office.

5) **CONTINUANCE OF THE CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM**

This item was continued to the next Commission meeting.

6) **PRESENTATION ON DEPARTMENT OF PUBLIC HEALTH INTEGRATION PLANS FOR FY 1994-95 AND DEPARTMENT OF PUBLIC HEALTH BUDGET UPDATE FOR FY 1994-95**

Monique Zmuda, Acting DPH Budget Director, presented a supplemental 50-page report on the Department of Public Health budget for FY 1994-95. The Commission had already approved the proposed DPH FY 1994-95 budget on March 1, 1994. This report presents more details on the budget and the Department's reorganization commensurate with the budget.

A copy of this report is available in the Commission Office. The report includes a Summary of Proposed Service Reductions, Physician Expenditure Reductions, Summary of Proposed Service Augmentations, Detail of Operating Efficiencies Resulting from Phase I Reorganization, Detail of Previously Proposed Administrative Reductions, Update on 1994-95 Proposed Revenues, and Detail of Reductions.

Public Speakers:

All speakers spoke against the proposed cuts.

Steve Leoni
Jim Illig, Project Open Hand
Regina Aragon, S.F. AIDS Foundation

Commissioners expressed appreciation to Dr. Hernandez and her Executive Staff for their hard and difficult work in putting together the budget and Phase I Reorganization of the Department to prepare for managed care.

Commissioner Paras emphasized the importance of the Commission to do its part in generating support in City Hall for revenue enhancement in order to avoid some of the reductions in the Department.

7) **Time Specific: 4:00 p.m.**

PRESENTATION FROM THE DEPARTMENT OF PUBLIC HEALTH WOMEN'S ADVISORY COMMITTEE AND CONSIDERATION OF A RESOLUTION FROM THE COMMITTEE

President Jackson invited members of the Commission on the Status of Women to join the Health Commission in hearing the presentation from the Department of Public Health Women's Advisory Committee. The Commissioners are:

Caryl Ito, President of the Commission on the Status of Women
Patricia Chang, Vice President
Louette Colombano
Terry Hanagan
Rosa Rivera
Sharon Johnson, Executive Director of COSW

Participants in the presentation on the report, Restructuring Health Care Delivery: "Women-Centered Health Services" were:

Belma Gonzalez, WHAC Member
Yvonne Littleton, WHAC Member
Cynara Chatman-Jones, Focus Group Participant
Carol Leigh, Focus Group Participant
Carmen Robles, Focus Group Participant
Diana Taylor, WHAC Member

Flo Stroud, WHAC Member
Janice Sperow, WHAT Co-Chair

A copy of the full report is available through the Health Commission Office (101 Grove Street, Room #311). The report included policy resolutions and action items. (Attachment A).

Public Speakers: Each speaker supported the report.

Barbara Parchman-Wong, RN
Darol Nance, Retired
Catherine Dodd, C.J. Associates

Each of the Commissioners expressed appreciation to the Department of Public Health Women's Advisory Committee and the COSW staff for their fine work.

Action Taken: The Commission unanimously adopted Resolution #19-94, "Endorsing Recommendations from the Women's Health Advisory Committee," with amended language. (Attachment B).

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

POLICY RESOLUTIONS AND ACTION ITEMS

The following policy resolutions and action items are necessary to put the "care" and "service" back into health care services. We have included some recommendations that can be implemented in the immediate future. However, since reform will be an ongoing process, we have also included long term objectives which will require significant time and attention. (P=Policy A=Action)

I. Adopt the woman-centered health delivery system as proposed by the Women's Health Advisory Committee.

A. Adopt definition of Women's Health developed by the committee. (P)

B. Integrate elements of the model, "Woman-Centered Health Delivery System" into new and existing service system. (A)

C. Continue to study the health care needs of women on a periodic basis through research, monitoring and assessment. (P)

D. Commit DPH staff and resources to implement these recommendations and model. (A)

Model: WHAC focus groups, State and Federal data, special studies.

II. Education and Training of Health Care Personnel

In general, the basic education of health care providers (professional and non-professional) does not place a value on the unique differences (physiological, psychological, social-cultural and economical) and concomitant needs of women. While this is true for women in general, it is particularly true for women who are not a part of mainstream, society. Our recommendations focus on staff training imperatives for existing care providers, as well as curriculum changes in the basic education of health professionals.

A. DPH initiate a staff development program that focuses on the unique needs of women of diverse communities who use departmental services. This training would build on information derived from the focus group discussions, other women clients in our system, as well as experiences documented in health care literature. (A)

The WHAC is willing to work with the Departmental staff, determine feasibility with existing resources, and to explore the possibility of external funding of a Demonstration Project.

Model: UCSF School of Nursing Women's Primary Care Training Program which promotes woman-centered health care delivery.

B. DPH support WHAC efforts to influence basic education of health professionals by working with other Women's groups to influence National and State Educational Policy to make Women's Issues a priority through: (P)

1. Recruitment and financial support of women in basic health professional schools.
2. Recruitment of women faculty and administrators in Educational Institutions.
3. Development and funding of research/demonstration programs that address medical and health care issues unique to women.

III. Structural Changes in Care-Giving Institutions

The Standards of Care for women must be redefined to include women's participation in clinical decision making as an integral part of quality assurance, and for program development.

A. That clinical protocols be developed that require mutual discussion and decision-making regarding diagnosis, treatment, and disposition as a part of quality assurance. (A)

B. That DPH conduct a feasibility study and develop Women's Focused Clinics/Services in all its divisions, that builds on existing models both within and outside the Department. Such a program would give serious consideration to the use of alternative therapies. (A)

C. That DPH inventory and evaluate existing women's support groups, and develop recommendations for when and how such groups should be established. (A)

D. Set up a network of Western and alternative providers who would meet the needs of women seeking information and treatment on complementary therapies. (A)

E. Expand the availability of care coordinators of health care services for women. (A)

F. Establish a database with descriptions of drugs, their side effects and current drug trials. (A)

G. Expand services to include care coordination and health information services. (A)

H. Create health care services for populations with special access needs. (A)

Models: The San Francisco General Hospital Refugee Clinic, Lyon Martin Women's Health Services, Women's Needs Center, San Francisco State University Student Health Services, Balboa Teen Clinic.

IV. Empowerment of Women

As choice becomes a major element in health care services, the evolving system must address the powerlessness that women and their communities experience as they seek care through health promotion and community development activities.

A. Develop non-hierarchical teams of health care providers which represent clients' diversity. (A)

B. Develop and distribute a "Client's Bill of Rights for Women" that includes all gender-specific client rights and information. (P)

C. Designate peer advocates to act as liaisons between health care personnel and the client's family and friends. (A)

D. When a woman oriented disease, such as breast cancer, is declared a public health emergency or an epidemic by the state, medical providers need to respond with education, screening and treatment and should allot increased funding for such. (P)

E. Recognize that all women should be afforded high quality health care without regard to their citizenship. (P)

F. Support the continuance of the San Francisco Commission on the Status of Women which is a voice devoted to the city's women and girls. (P)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-94

ENDORSING RECOMMENDATIONS FROM THE
WOMEN'S HEALTH ADVISORY COMMITTEE

WHEREAS, the Commission on the Status of Women (COSW) was created in 1975, to advance women's equality in San Francisco and to assist the City and County in realizing its policy to ensure women equal economic, political, social, and educational opportunities as well as equal services by public agencies, and where the COSW had its powers and duties enhanced through Ordinance 271-89 in July 1989, operate as a separate City Department; and,

WHEREAS, The Women's Health Advisory Committee (WHAC) was officially created by the San Francisco Health Commission, and its membership appointed by the Director of Public Health in 1992; and,

WHEREAS, WHAC is committed through its Mission Statement to advocate for a health care system that will serve the specific needs of women of all races, colors, ethnicities, creeds, religions, ages, physical abilities, national origins, sexual orientations and family groupings; and,

WHEREAS, one of WHAC's major objectives is to develop policies and recommend reform of the health care system to better meet the needs of women locally and nationally, and where WHAC has completed 19 focus groups with 250 women reviewing health care services in the current system; and,

WHEREAS, WHAC has formally presented the San Francisco Department of Public Health and the San Francisco Health Commission with a report of its findings entitled: Restructuring Health Care Delivery: "Woman-Centered Health Services," and where this report advocates several policy recommendations; now, therefore, be it

RESOLVED, that the Department of Public Health supports WHAC efforts to influence the basic education of health professionals by working with other Women's groups to influence National and State Educational Policy to make women's issues a priority through: 1) Recruitment and financial support of women in basic health professional schools, 2) Recruitment of women faculty and administration in educational institutions, and 3) Development and funding of research/demonstration programs that address medical and health care issues unique to women; and, be it

FURTHER RESOLVED, that an effective approach to women's health care must be based upon, and integrate, feminist principles of valuing women and their women's experiences, ideas and needs, while recognizing the existence of ideological,

structural, and interpersonal conditions that oppress women. The following principles provide a foundation for the definition of women's health:

- A definition of women's health assumes a life span perspective by addressing women's health needs throughout their lives, from infancy to old age.
- Women's health includes the ethnic, psychosocial, cultural, political and economic, factors that comprise women's mental and physical well being. Socialization (gender roles, attitudes toward physical fitness and body image), sexuality, spirituality and family can also affect health status.
- Women's health means more than reproductive health and more than freedom from disease-specific phenomena, but it is also concerned with a woman attaining, retaining, and regaining an optimal sense of well-being.
- Health care services should focus on health promotion, health maintenance, and the prevention and detection of alterations in health. Improvements in health status are no longer likely to come from technological breakthroughs, but also from environmental and social change, from changes in lifestyle, and from the participation of people in their own health care.
- The design and implementation of women's health services must be initiated and guided by women. Health for women is a daily experience, and a woman's own experience of her feelings, symptoms and the context (environmental, political, socioeconomic, interpersonal) in which a woman operates, is a crucial aspect of the definition of health; and, be it

FURTHER RESOLVED, that WHAC, incorporating the voices of San Francisco women, proposes a model "Woman-Centered Health Care System." This model is more than personal medical health services; it is an integrated system of public health functions, care coordination, health promotion, disease prevention, and community empowerment that addresses the changing language and cultural needs of women, their families, and their communities. This model includes four primary components:

1) Community Health: consumer involvement/empowerment; public health protection
2) Primary Care: direct care services for acute & chronic illness management, specific to women's health; includes reproductive health care
3) Care Coordination: access, outreach, advocacy, referral, service coordination
4) Health Promotion: primary, secondary and tertiary prevention; maintenance and enhancement of health; and, be it

FURTHER RESOLVED, that the Department study the WHAC proposed model "Women Centered Health Care System" for the purpose of increasing the sensitivity of the Department's services to adequately address women's health needs; and, be it

FURTHER RESOLVED, that the Department assign a staff person as a liaison to the Women's Health Advisory Committee and direct the Department to incorporate the recommendations into all future Department planning efforts; and, be it

FURTHER RESOLVED, that the Department of Public Health and the Health Commission support the recommendation that the Commission on the Status of Women remain as a separate City Department.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 19, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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SAN FRANCISCO
HEALTH COMMISSION

May 3, 1994

The Agenda for this meeting is missing.

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Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 3, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 19, 1994

Action Taken: The Commission unanimously adopted the minutes of of April 19, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) CHS - AIDS - Renewal contract with Planned Parenthood of Alameda/San Francisco in the amount of $63,079 for the provision of HIV/AIDS prevention and education for women, for the period of May 1, 1994 through June 30, 1995. (DPH contracted with Planned Parenthood for services totaling $676,608 in FY 1993-94).

President Jackson requested a copy of the contractor's plan to address compliance to the Commission policy on Board composition.

(3.2) Family Mosaic - Requesting approval of a renewal contract with the State Department of Health Services for a capitation program Medi-Cal funding for the services provided in the Family Mosaic Project, with expected funding of $3,771,450, for the period of July 1, 1994 through June 30, 1995.

Commissioners expressed concern on the number of clients enrolled and efficiency level of the program.

Commissioners requested a full report on the Family Mosaic Project be brought to the Commission at a future meeting.

(3.3) DMS - CMHS - First modification to the contract with Oakes Children's Center, in the amount of $54,000 to provide SED/Mental Health Partnership services for the period of July 1, 1993 through June 30, 1994. (DPH is contracted with Oakes Children's Center, Inc. for services totaling $209,811 in FY 92-93)

(3.4) DMS - CMHS - First modification to the contract with Instituto Familiar de la Raza, Inc. to add three option extension years in the amount of $290,713/year to provide outpatient mental health services to the Latino community and severely emotionally disturbed children and their families for the period of July 1, 1994 through June 30, 1997. (DPH is contracted with Instituto Familiar de la Raza for services totaling $1,028,673 in FY 93-94)

The Department reported that this item comes late to the Commission because it was not as high a priority in relation to the other renewal contracts for FY 1993-94.

(3.5) DMS - CSAS - Modification to the contract with Haight Ashbury Free Clinics, Inc. in the amount of $997,717 to provide residential multidiagnoses (substance abuse/Mental Health/HIV) services for the period of December 1, 1993 through June 30, 1994 and start up services for the Division's Target Cities grant project for period of February 25, 1994 through June 30, 1994. (DPH contracted with Haight Ashbury for services totaling $5,113,238 in FY 1992-93).

Commissioner Paras inquired about the standards of care. She also requested that the Haight Ashbury Clinic, Inc. be present at future meetings when its contracts are on the agenda, a request by the Commission to all contractors.

(3.6) DMS - CSAS - Requesting approval to accept and expend a new grant in the amount of $585,610 from the State of California, Office of Traffic Safety, to provide substance abuse prevention and education services to students in San Francisco middle and high schools for the term of December 15, 1993 through December 14, 1996. In addition approval is requested for sole source with Youth Leadership Institute, Inc., in the amount of $559,676 (or approximately $186,559 per year) to provide substance abuse prevention and educational services to San Francisco middle and high schools for the period of December 15, 1993 through December 14, 1996.

Commissioners Castaneda and Paras encouraged the Department to give opportunities to our existing San Francisco-based contractors to compete for funds. The same questions raised previously with this contractor were posed.

Commissioner Jackson recommended this contract be approved for one year, with the understanding that the Department relook at other San Francisco-based contractors.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with the exception of #3.6, which was approved for one year (see #3.6).

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

See Director's Report, Attachment A.

5) CONTINUANCE OF THE CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM

Commissioner Paras proposed an amended resolution (Attachment B). She stated that the status quo for health care is unacceptable. She would like the Commission to do its part by endorsing the specific pieces of legislation as originally introduced but acknowledging its limitation and need to improve parts of the legislation. Her main concern is the unfolding political strategy in this country on health care reform is to move it to the right. She encouraged discussion on the resolution and was open to a continuance to the next meeting.

Commissioner Castaneda stated the need to retain support for prevention (i.e. - dentistry). She would prefer not to endorse specific legislation.

Commissioner Chow expressed his main concern for adequate funding. He cautioned the Commission on potential misunderstanding for the use of "endorse" over "commend". He supported the Commission's need to participate and influence the national health care debate. He also requested information on the McDermott/Wellstone legislation.

Commissioner Marton commented that most of the legislation before Congress is focused on health care financing; but he believes that there needs to be a re-examination of society's values and how society views prevention vs. treatment. He expressed his concern that too much compromising may occur and supports endorsing now.

Commissioner Kaufman expressed that she wants to think about the endorsement because she feels that achieving comprehensive health care reform is a strategy question.

President Jackson requested this item to be continued and that Commissioners Chow and Paras bring back to the May 17, 1994 meeting a revised resolution.

6) CONSIDERATION OF A RESOLUTION FOR THE LAGUNA HONDA HOSPITAL MISSION STATEMENT

Commissioner Chow suggested to include wording that captures Laguna Honda's sensitivity to people, as well as integrating social, cultural, and intergenerational issues in the community.

This item was continued to the May 17, 1994 meeting.

7) CONSIDERATION OF A RESOLUTION DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO ENTER INTO EXCLUSIVE NEGOTIATIONS FOR A LAND LEASE WITH THE SELECTED DEVELOPMENT TEAM RELATED TO THE UCSF REQUEST FOR INFORMATION (RFI) FOR THE DEVELOPMENT OF A MOLECULAR BIOLOGY RESEARCH FACILITY AT SAN FRANCISCO GENERAL HOSPITAL

Jerry Rankin, SFGH Administrator, made a presentation on the process in the selection of a development team in response to UCSF's request for the development of a research facility on the SFGH Campus.

Commissioner Kaufman had concerns around ownership of the building and would encourage all parties come up with an agreeable plan.

Commissioner Paras had concerns raised from the neighborhood on the parking garage. She requested the Department to incorporate a commitment to hire local residents in these development projects.

Upon Commissioner Chow's request, Mr. Rankin gave a profile of the Martin/Devcon development team.

Action Taken: The Commission unanimously adopted Resolution #20-94, "Supporting the Department of Public Health to Continue its Efforts to Respond to the University of California at San Francisco's (UCSF) Request for Information (RFI), (Attachment C).

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

Public Comments.

Public Speakers: Randy Burns, Gay American Indians - Requested an audit of AIAI and to be on the agenda for May 17, 1994.

President Jackson referred this issue to the Joint Conference Committee on Public Health, AIDS, and Emergency Medical Services.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Health Commission Meeting
May 3, 1994

DIRECTOR'S REPORT

DPH FY 1994-95 BUDGET

- Zero Base Budget Analysis: As part of the zero base budget analysis, City departments were asked to provide impact statements on four differing general fund levels. The funding levels were: (1) zero general fund, (2) a 5% reduction in general fund ($6.04 mil.), (3) a 20% reduction in general fund ($24.2 mil.) and (4) a 10% increase in general fund ($12.09 mil.). The scenarios were based on the Department's 1993-94 general fund allocation of $120.9 million. The Department responded to this request by listing the proposed 1994-95 general fund reductions already approved by this Commission. On April 28, the Department submitted its response to this request. The reply was consistent with the budget principles approved by the Commission.

  I would like to emphasize that the Department has not altered its 1994-95 proposed budget. This information was assembled and prepared for the Budget Analyst's Office in response to the zero base budget analysis. The Mayor's Office has not given the Department any formal notice of its intention to reduce our 1994-95 general fund allocation from $110 million. The Budget Committee of the Board of Supervisors will hold hearings on the zero base budget analysis on May 11 and May 12. The Department will be present at those hearings.

  In keeping with a department-wide approach in the development of the 1994-95 budget, the report on the zero base budget funding adjustments were submitted in one overall document which describes the impacts of the proposed general fund adjustments department-wide.

  With no general fund support, the Department would cease to function as a provider of last resort, would lose millions of dollars in federal/state/private revenues and would be in violation of several regulations dealing with health, safety and toxics.

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With a 5% reduction in general fund, the Department would cover the shortfall with increased revenues. The revenue increases included in the 5% reduction were approved by the Health Commission in the 1994-95 proposed budget. Under the 20% reduction, the Department listed the proposed revenue enhancements, reorganization efficiencies, administrative/operating reductions and service reductions that have been approved by the Commission. In addition, to satisfy this request, further reductions were identified in the areas of forensics, residential treatment, outpatient, institutional and community outreach and intervention. Reductions of this magnitude would likely prevent the Department from participating in managed care and would result in a significant reduction of primary care services provided by the Department.

LABOR NEGOTIATIONS

- Nurses MOU: The City and Department of Public Health continue to negotiate with the nurse's union. The current MOU, which expired April 30, 1994, has been extended one week to May 6.

SAN FRANCISCO GENERAL HOSPITAL

- RU 486 Testing at SFGH: Today, May 3, 1994 UCSF researchers at San Francisco General Hospital have begun the first clinical trial in the United States since 1990 involving use of the French drug RU-486 for fertility control.

  In the clinical trial, 150 Bay Area women will be given the drug as a postcoital contraceptive, or "morning-after pill". The goal of the testing program is to determine the optimal dosage of the drug in preventing pregnancy. The trial, sponsored by the World Health Organization, will include a total of 2,100 women at 14 sites around the world. UCSF/SFGH is the only center in the United States involved in the testing program. Testing will be done in the Family Planning Clinic at San Francisco General Hospital.

  David Grimes, MD, Chief of the Department of Obstetrics, Gynecology and Reproductive Sciences at UCSF-affiliated San Francisco General Hospital, is the principal investigator in the local trial. Dr. Grimes' colleagues in the study are Philip Darney, MD, UCSF Professor of Obstetrics, Gynecology and Reproductive Sciences, and Mitchell Creinin, MD, UCSF Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences.

- National Nurses Week: This is National Nurses Week and on Wednesday, May 4, the nursing staff at San Francisco General Hospital is holding the 10th Annual Nursing Awards Dinner to celebrate and honor excellence in nursing. Nursing staff will be honored in the categories of Leadership, Clinical Practice and Professional Development. The Health Commission is invited to join the hospital's nursing staff in honoring their colleagues.

LAGUNA HONDA HOSPITAL

- Repair of Emergency Electrical Generator: On April 12, Laguna Honda Hospital's emergency electrical generator failed during a routine weekly test. Inspection determined that there was major engine damage which left the hospital without backup emergency electrical power. The hospital immediately initiated emergency repair procedures and secured a temporary replacement generator. Repair costs are estimated to be approximately $50,000. It should be noted that the generator which failed was recently overhauled as part of a capital improvement project administered by DPW. Preliminary information suggests that the cause of the problem may be attributable to faulty construction work by the repair company. If this can be verified, the City will hold the repair company financially liable. If fault cannot be verified or if there is a prolonged legal dispute, the hospital may have to pay the repair costs until the case is resolved. The repairs were completed the week of April 25.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/American Indian AIDS Institute: In the previous Director's Report and in Joint Conference, the Department has informed the Commission about the AIDS Office's problems with the American Indian AIDS Institute (AIAI) Board of Directors. These problems have included perceived conflict of interest of AIAI Board members, lack of appropriate Board governance, resignations of two senior staff members, and a deep rift between Board and staff. To address these problems, the AIDS Office met with AIAI's Board and staff, placed the agency under receivership to guarantee the provision of services to clients, and arranged a mediation sponsored by the City's Human Rights Commission.

  Unfortunately, the Board of AIAI canceled the arranged meeting for mediation. When another date was proposed, they did not respond. On Friday, April 29, 1994, they notified the AIDS Office that they had terminated several AIAI staff members, in defiance of the AIDS

Office directive not to fire any staff while mediation was in process. They also informed the AIDS Office they would be closing their program to clients until May 11, 1994.

As Commission members will remember from the prior reports, the City has no direct contractual relationship with AIAI, as they are not incorporated as a non-profit agency. Therefore, the AIDS Office has asked Bayview Hunter's Point Foundation and the National Taskforce for AIDS Prevention to terminate their sub contractual relations with AIAI but continue services by directly supervising current AIAI staff members. Bayview, the Taskforce, and the staff of AIAI should be commended for their leadership and commitment to maintaining services for the Native American community. Staff previously working under the auspices of AIAI will be housed at the AIDS Office until Bayview and the Taskforce can find new locations for the programs.

NATIONAL SAFE KIDS WEEK

- Local Activities: The week of May 8, 1994 is National Safe Kids Week, a time to highlight the high incidence of childhood death and disability caused by unintentional injuries. DPH is working with the San Francisco Safe Kids Coalition - an organization of health providers, community agencies, public and private enterprises - who believe that childhood injuries are largely preventable, and that education and advocacy are key to the legislative and environmental changes necessary to create a safe society for children.

  To kick-off a week of special activities, DPH will hold a press conference next Monday, May 9, in the SFGH Pediatrics Play Therapy Room at 11:30 am, to release the Profile of Childhood Injury in San Francisco. The profile, based on data in the Profile of Injury Report presented earlier to the Health Commission, lists the leading causes of childhood injury deaths and hospitalizations in the City. Also on hand will be a child survivor of major injury, and "Otto the Auto", a child-friendly robot who speaks on safety issues. Safe Kids Week will also feature bike and safety programs, school safety patrol recognition ceremonies, SF Giants/Traffic Safety Day at the Stick and pedestrian safety programs in classrooms.

WORKPLACE VIOLENCE PREVENTION PROGRAM

- Employee Workshops: A Workplace Violence Prevention Committee for Community Health and the Division of Mental Health and Substance Abuse was formed last July to develop proactive approaches to increasing the safety of our employees. Four strategies have been adopted: 1) two-hour safety awareness classes have been developed and presented to approximately 200 DPH employees, most of whom work in the field (public health nurses, environmental health and toxics inspectors); 2) physical plant evaluations of eight clinic sites have been conducted to identify areas where security could be improved through modest capital improvement expenditures or re-positioning of furniture; 3) in conjunction with a similar city-wide committee, a policy on employee safety is being drafted, to include a requirement not only to report when an employee is a victim of crime, but also when staff is verbally or physically threatened by a client or another employee; 4) assessment of these threats will be made and action taken to protect affected persons from possible harm and determine the risk potential to an employee. The classes and site evaluations have been conducted by Stephen LaPlante, Supervisor of Institutional Police at 101 Grove and Lt. Gary Kong of Laguna Honda Hospital's Institutional Police.

  At both San Francisco General and Laguna Honda, institutional police and the hospitals' safety committees have an established history of working with staff to improve safety conditions both in and around the hospitals.

  The next phase of the Workplace Violence Prevention Committee will be to expand membership department-wide in order to share training, site assessment experience, and develop relevant departmental procedures to further improve safety in the workplace.

PROPOSED RESOLUTION

URGING HEALTH CARE SYSTEM REFORM

WHEREAS, the United States Department of Commerce recently reported that the amount expended for health care was approximately 11.5 % of the Gross Domestic Product, resulting in an annual expenditure of $840 billion for health care services; despite these expenditures, there is a recognized crisis in the United States health care system, where access is limited and where approximately 54 million people are presently under/uninsured; and,

WHEREAS, many of this nation's cities have been besieged by a series of public health crises including infant mortality, AIDS/HIV, tuberculosis, violence, substance abuse, alcoholism and mental illness, and where current funding for primary prevention activities and health promotion is wholly inadequate for the Department of Public Health to address critical health care needs at the community level; and,

WHEREAS, the City and County of San Francisco officially recognizes that access to quality health care is a basic fundamental need, which goes unmet for a significant number of our residents who are under/uninsured, and depend on local access for health care; and,

WHEREAS, ten million persons living in the nation's communities with disabilities of which 30% are severely disabled and need assistance with three or more activities of daily living (ADL's); 17% require assistance with one or two ADL's; and 53% need assistance with one activity; and,

WHEREAS, the present health care system imposes a heavy burden on society due to its limited coverage and emphasis on costly emergency systems, where it utilizes the least cost-effective approach to maintaining and restoring the health of its citizens, and whereby a diminished emphasis on community based preventive and mental health services has led to a diminished productivity for our society; and,

WHEREAS, the City and County of San Francisco is facing problems which are common to major urban areas throughout the country which do not have adequate local resources to resolve these issues; and,

WHEREAS, in San Francisco, the need for long-term care is disproportionately greater than that of the State, currently 20% of our San Francisco population is aged 60 years and older, this is estimated to increase to 35% by the year 2000; and,

WHEREAS, this Commission supports a policy for the continuum of health and mental health care services for all residents as an appropriate public health policy, and a more rational utilization of our financial resources, recognizing that this policy seeks to alleviate more costly emergency medical interventions at a later date; and,

WHEREAS, approximately one million people, mostly legal immigrants and refugees arrive in the United States each year, and where San Francisco is the new home for many of these persons, and, where immigrants and refugees are a significant and growing part of the diversity and richness of the Bay Area; and,

WHEREAS, health care providers should not be required to determine an individual's immigration status in order to determine the eligibility for basic preventive health care services; and,

WHEREAS, the San Francisco Health Commission supports legislative changes which promote health care access, and the elimination of financial, cultural, linguistic, physical, and operational barriers to services, including language to "essential community providers" as those hospitals qualifying for Medicare disproportionate share adjustments, federally qualified health centers, local health departments, sole community hospitals, rural health clinics, hospitals that qualify as Medicare-dependent hospitals and some qualifying individual health providers; and,

WHEREAS, the San Francisco Health Commission has expressed concern that proposed State and Federal legislation may threaten the quality and access to care for those who rely on the public health system, particularly in light of the California budget which proposes an 11.5% county share of cost for all Medi-Cal costs, and the elimination of reimbursement for prenatal care provided to undocumented women; now, therefore, be it

RESOLVED, that the San Francisco Health Commission finds that the public health of the City and County of San Francisco requires the enactment of Federal and State health reform legislation which will secure universal coverage for all persons presenting the need for medical treatment in the United States, provide adequate funding mechanisms for universal coverage, and provide adequate funding for the provision of public health needs and the improvement of safety net health service providers for the most disenfranchised populations, and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission hereby endorses President Clinton's Health Security Act (H.R.3600 - Gephardt and S. 1757 - Mitchell) and the American Health Security Act (H.R. 1200-McDermott and S. 491-Wellstone), which as they have initially been introduced, best address our criteria for significant federal health care reform. We acknowledge that each piece of legislation has important limitations and we must continue our efforts to improve all significant health reform legislation being considered; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission will encourage the Mayor of San Francisco and the Board of Supervisors to adopt a similar commitment to significant health reform measures which will address the crisis confronting the health of the people of San Francisco and the nation; and,

FURTHER RESOLVED, that the San Francisco Health Commission finds the current national climate of racism and xenophobia towards immigrant residents deeply disturbing as it applies to health care access, and that exclusion of these residents from appropriate health care coverage in all initial Federal legislative health care reform efforts is unjust and counterproductive; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission reaffirms the continued commitment of the San Francisco Department of Public Health to provide services to all those who present the need for medical attention as a moral and ethical obligation.

FILE NO._____ RESOLUTION NO._____

RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH TO CONTINUE ITS EFFORTS TO RESPOND TO THE UNIVERSITY OF CALIFORNIA,SAN FRANCISCO'S (UCSF) REQUEST FOR INFORMATION (RFI)

WHEREAS, in its Resolution No. 28-93, the Health Commission strongly supported a Department of Public Health's response to the UCSF RFI, and directed its staff to prepare a response, working with the appropriate agencies to initiate discussion of this opportunity with the community and to report regularly on its progress, and

WHEREAS, a response was developed by the Department of Public Health and other City agencies, including City Planning, Real Estate Department, Redevelopment Agency and in consultation with the City Attorney's Office, and submitted on November 22, 1993, and

WHEREAS, the City response to the RFI was well received by the University and is among the six finalist responses under consideration by the University, and

WHEREAS, the University is attempting to conclude its evaluation of proposals on May 12, 1994, and

WHEREAS, the Department of Public Health has engaged in a process of discussing the opportunities presented by the RFI proposal, as well as the potential negative impacts of the proposal on the surrounding community (such as parking, traffic, noise and toxics), and the mitigation of measures planned by the Hospital, and

WHEREAS, these discussion have taken place with the SFGH Community Advisory Council and its Facilities Subcommittee, with special meetings held for neighbors residing in the eleven homes at 22nd Street and San Bruno Avenue, and in a community -wide meeting held in advance of the April 14, 1994 appeal hearing on the Negative Declaration, and

WHEREAS, the City Planning Commission, in its action of April 14, 1994, has determined in a Negative Declaration that the proposed project "could not have a significant effect on the environment", and that no full Environmental Impact Report is required, and

WHEREAS, the City response to the RFI did not identify a development team nor did the City offer to perform activities such as financing, design, construction or project management, and

WHEREAS, the University, in its RFI evaluation process, has communicated to the City its desire that the City identify a mutually acceptable development team to take on tasks which may include financing, design, construction and project management, and

WHEREAS, the Redevelopment Agency issued a Response for Qualification which was published on March 30, 1994 with responses received on April 13, 1994, and such responses have been evaluated and ranked by an evaluation team comprised of staff from the Departments of Health, Real Estate, Bureau of Architecture, and the Redevelopment Agency, and

WHEREAS, the responses were evaluated on the criteria including financial capacity, overall qualification of the team, specific experience with laboratory and clinic projects with the City or University, acceptability to the City, and acceptability to UCSF, and

WHEREAS, a recommendation has been made to the Health Commission that the development team known as Martin/Devcon be selected, and

WHEREAS, the City intends to enter into a land-lease with a development team which will require the developer to contract with UCSF for the purpose of financing, design, construction and project management, for the RFI facility, and

WHEREAS, the recommended development team will be selected for exclusive negotiations with the City of the aforementioned land-lease, to be contingent upon successful negotiation by the City with the University for development of the RFI facility, and

WHEREAS, the selection of the development is non-binding on any party; now

THEREFORE, BE IT RESOLVED, that the team of Martin/Devcon has been selected, and

LET IT FURTHER BE RESOLVED, that the Health Commission directs the Department to work with the Real Estate Department and other agencies as appropriate to enter into exclusive negotiations of a land lease for the purpose of the RFI development, and

LET IT FINALLY BE RESOLVED, that the lease negotiation with Martin/Devcon should reflect participation from minority/women/disadvantaged businesses, and should reflect the participation of the Human Rights Commission.

APPROVED:

HEALTH COMMISSION:

BY: _____

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Department of Public Health

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Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
May 17, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 3, 1994

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Update on SFGH Expenditures and Revenues for FY 1993-94.

(3.2) Third Quarterly Report for Department of Public Health for FY 1993-94.

(3.3) SFGH - Patient Finance - Sole Source contract, modifications, and companion Resolution for Health Management Systems, Inc., (HMS) to extend the contract term for the period of July 1, 1994, through October 31, 1994, for an electronic claims submission system and a retroactive claims reprocessing service at San Francisco General Hospital (SFGH); two contingency fee contracts. (DPH contracted with Health Management Systems, Inc. for services totaling $1,623,110 in FY 1993-94).

(3.4) SFGH - Request to approve a resolution in accordance with the provisions of Charter Section 8.300 (Propositon J) concurring with the Controller's certification that laundry processing services at San Francisco General Hospital can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1994 through June 30, 1995.

(3.5) CHS - Support Services - Multiyear contract renewal with Catholic Charities for residential and case management services for homeless persons with AIDS in the amount of $412,118 for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Catholic Charities for services totaling $1,128,425 in FY 1992-93).

(3.6) CHS - Administration - Requesting approval to accept and expend a continuation allocation in the amount of $560,000 from the State Department of Health Services to provide public health care to persons newly legalized under provision of the Immigration Reform and Control Act (IRCA), for the period of July 1, 1992 through June 30, 1993.

(3.7) CHS - Family Mosaic - Request to increase approval level for service providers of the Family Mosaic Project, an additional $950,000 for the period of July 1, 1992 through June 30, 1994. (DPH contracted with Family Mosaic for services totaling $700,000 in FY 92-93).

(3.8) DMS - CMHS - Requesting approval to apply for, accept and expend a new grant in the amount of $902,778 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of January 1, 1994 through December 31, 1996.

(3.9) DMS - CSAS - Youth Leadership Institute, Inc. - First modification to the contract with Youth Leadership Institute in the amount of $117,611 to provide additional substance abuse prevention and education services to students in middle and high schools for the period of December 15, 1993 through June 30, 1994. (DPH contracted with Youth Leadership Institute for services totaling $75,000 in FY 1993-94).

(3.10) Various - A resolution pertaining to FY 1994-95 renewal contracts, giving authorization to extend the terms of the FY 1993-94 contracts listed on an interim month-to-month basis at the 1993-94 or 1994-95 contract rates whichever is lower; through December 31, 1994 or until the FY 1994-95 contracts are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

Alameda County
Arriba Juntos-IAL
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Medivan dba MV Transportation
California Pacific Mental Health Services
Catholic Charities of San Francisco
Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
Oakes Children's Center
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at San Francisco General Hospital)

COMMUNITY MENTAL HEALTH SERVICES (Continued)

Regents of the University of California (Langley Porter Psychiatric Hospital)
Richmond Area Multi-Services, Inc.
Saint Francis Memorial Hospital
St. Mary Pharmacy Management Services
St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
San Francisco Drug Abuse Advisory Board (DABB/CAAB)
San Francisco Mental Health Education Funds, Inc. (MHAB & CAAB)
San Francisco Suicide Prevention, Inc.
The County of San Mateo
Swords to Plowshares
Volunteer Center of San Francisco
Westside Community Mental Health Center, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
Bay Area Addiction Research and Treatment, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Pacific Mental Health Services, Inc. (Operation Concern)
Center for Human Development, Inc.
Center for Juvenile and Criminal Justice, Inc.
Chemical Awareness & Treatment Services, Inc.
Eclectic Communications, Inc.
18th Street Services, Inc.
Forensic Health Care, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Horizons Unlimited of San Francisco, Inc.
Iris Center: Women's Counseling and Recovery Services, Inc.
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
Morrisania West, Inc.
National Council on Alcoholism and other Drug Addictions - Bay Area, Inc.
North of Market Senior Services, Inc.
Potrero Hill Neighborhood House, Inc.
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Pretrial Diversion Project, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES (Continued)

Youth Leadership Institute

FORENSIC SERVICES

Carolyn K. Harvey, D.P.M.
Chase Correctional Medical Division
CompuMed, Inc.
Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
Western Dental Services, Inc.

COMMUNITY PUBLIC HEALTH SERVICES

Bay Area Communication Access
Bayview Hunter's Point Foundation for Community Improvement, Inc.
Critical Incident Response Team
Bayview Hunter's Point-Adult Day Health Center, Multi-purpose
Senior Center
Bayview Hunter's Point Mental Health Services-Case Management
for Homeless Population
California Association for Health, Education, Employment and
Dignity (CAHEED)
California Children's Home, Inc.
California College of Podiatry
Catholic Charities-Case Management for Homeless
Central City Hospitality House
Chronic Fatigue Immune Dysfunction Syndrome Foundation
Haight Ashbury Free Clinics, Inc.
Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services

AIDS OFFICE

Baker Places
California Pacific Medical Center/Visiting Nurses and Hospices
of San Francisco
Catholic Charities
Central City Hospitality House
Community United Against Violence
Project Open Hand
San Francisco AIDS Foundation
Shanti Project
Stops AIDS Project
University of California San Francisco/AIDS Health Project

TOBACCO FREE PROJECT

Bayview Hunter's Point Foundation
Maureen O'Rorke Public Relations
Mission Neighborhood Health Center
Polaris Research and Development

4) **DIRECTOR'S REPORT**
(Sandra R. Hernandez, M.D., Director of Public Health)

5) **CONSIDERATION OF ADDITIONAL FY 1994-95 DEPARTMENT OF PUBLIC HEALTH BUDGET REDUCTIONS**

6) CONTINUANCE OF THE CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM

7) CONTINUANCE OF THE CONSIDERATION OF A RESOLUTION FOR THE LAGUNA HONDA HOSPITAL MISSION STATEMENT

8) CONSIDERATION OF A RESOLUTION TO APPROVE THE VIDEO DISPLAY TERMINAL (VDT) ORDINANCE ENFORCEMENT REGULATIONS, EFFECTIVE JANUARY 26, 1995

9) CONSIDERATION OF A RESOLUTION TO AMEND THE HOUSEHOLD HAZARDOUS WASTE COLLECTION PROGRAM AGREEMENT

10) DEPARTMENT OF PUBLIC HEALTH PRESENTATION ON THE IMPACT AND IMPLEMENTATION OF THE AMERICAN DISABILITIES ACT REQUIREMENTS

11) CONSIDERATION OF A RESOLUTION AUTHORIZING APPROVAL OF AN AMENDMENT TO THE SAN FRANCISCO COUNTY ADULT DAY HEALTH CARE PLAN

12) CONSIDERATION OF A RESOLUTION RENAMING DISTRICT HEALTH CENTER #2 AT 1301 PIERCE STREET

13) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 17, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 3,1994

Action Taken: The Commission unanimously adopted the minutes of May 3, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) Update on SFGH Expenditures and Revenues for FY 1993-94.

(3.2) Third Quarterly Report for Department of Public Health for FY 1993-94.

(3.3) SFGH - Patient Finance - Sole Source contract, modifications, and companion Resolution for Health Management Systems, Inc., (HMS) to extend the contract term for the period of July 1, 1994, through October 31, 1994, for an electronic claims submission system and a retroactive claims reprocessing service at San Francisco General Hospital (SFGH); two contingency fee contracts. (DPH contracted with Health Management Systems, Inc. for services totaling $1,623,110 in FY 1993-94).

(3.4) SFGH - Request to approve a resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with the Controller's certification that laundry processing services at San Francisco General Hospital can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1994 through June 30, 1995.

(3.5) CHS - Support Services - Multiyear contract renewal with Catholic Charities for residential and case management services for homeless persons with AIDS in the amount of $412,118 for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Catholic Charities for services totaling $1,128,425 in FY 1992-93).

Since the contractor is out of compliance with Health Commission policy on Board composition, the Commission continued this item to give the contractor an opportunity to work with the Department to work toward compliance.

(3.6) CHS - Administration - Requesting approval to accept and expend a continuation allocation in the amount of $560,000 from the State Department of Health Services to provide public health care to persons newly legalized under provision of the Immigration Reform and Control Act (IRCA), for the period of July 1, 1992 through June 30, 1993.

(3.7) CHS - Family Mosaic - Request to increase approval level for service providers of the Family Mosaic Project, an additional $950,000 for the period of July 1, 1992 through June 30, 1994. (DPH contracted with Family Mosaic for services totaling $700,000 in FY 92-93).

(3.8) DMS - CMHS - Requesting approval to apply for, accept and expend a new grant in the amount of $902,778 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of January 1, 1994 through December 31, 1996.

(3.9) DMS - CSAS - Youth Leadership Institute, Inc. - First modification to the contract with Youth Leadership Institute in the amount of $117,611 to provide additional substance abuse prevention and education services to students in middle and high schools for the period of December 15, 1993 through June 30, 1994. (DPH contracted with Youth Leadership Institute for services totaling $75,000 in FY 1993-94).

(3.10) Various - A resolution pertaining to FY 1994-95 renewal contracts, giving authorization to extend the terms of the FY 1993-94 contracts listed on an interim month-to-month basis at the 1993-94 or 1994-95 contract rates whichever is lower; through December 31, 1994 or until the FY 1994-95

contracts are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

Alameda County
Arriba Juntos-IAL
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Medivan dba MV Transportation
California Pacific Mental Health Services
Catholic Charities of San Francisco
Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
Oakes Children's Center
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at San Francisco General Hospital)
Regents of the University of California (Langley Porter Psychiatric Hospital)
Richmond Area Multi-Services, Inc.
Saint Francis Memorial Hospital
St. Mary Pharmacy Management Services
St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
San Francisco Drug Abuse Advisory Board (DABB/CAAB)
San Francisco Mental Health Education Funds, Inc. (MHB-MOSH)
San Francisco Suicide Prevention, Inc.
The County of San Mateo
Swords to Plowshares
Volunteer Center of San Francisco
Westside Community Mental Health Center, Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
Bay Area Addiction Research and Treatment, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Pacific Mental Health Services, Inc. (Operation Concern)
Center for Human Development, Inc.
Center for Juvenile and Criminal Justice, Inc.
Chemical Awareness & Treatment Services, Inc.
Eclectic Communications, Inc.
18th Street Services, Inc.
Forensic Health Care, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Horizons Unlimited of San Francisco, Inc.
Iris Center: Women's Counseling and Recovery Services, Inc.
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
Morrisania West, Inc.
National Council on Alcoholism and other Drug Addictions - Bay Area, Inc.
North of Market Senior Services, Inc.
Potrero Hill Neighborhood House, Inc.
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Pretrial Diversion Project, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.
Youth Leadership Institute

FORENSIC SERVICES

Carolyn K. Harvey, D.P.M.
Chase Correctional Medical Division
CompuMed, Inc.
Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
Western Dental Services, Inc.

COMMUNITY PUBLIC HEALTH SERVICES

Bay Area Communication Access
Bayview Hunter's Point Foundation for Community Improvement, Inc.
Critical Incident Response Team
Bayview Hunter's Point-Adult Day Health Center, Multi-purpose
Senior Center
Bayview Hunter's Point Mental Health Services-Case Management
for Homeless Population
California Association for Health, Education, Employment and
Dignity (CAHEED)
California Children's Home, Inc.
California College of Podiatry
Catholic Charities-Case Management for Homeless
Central City Hospitality House
Chronic Fatigue Immune Dysfunction Syndrome Foundation
Haight Ashbury Free Clinics, Inc.
Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services

AIDS OFFICE

Baker Places
California Pacific Medical Center/Visiting Nurses and Hospices
of San Francisco
Catholic Charities
Central City Hospitality House
Community United Against Violence
Project Open Hand
San Francisco AIDS Foundation
Shanti Project
Stops AIDS Project
University of California San Francisco/AIDS Health Project

TOBACCO FREE PROJECT

Bayview Hunter's Point Foundation
Maureen O'Rorke Public Relations
Mission Neighborhood Health Center
Polaris Research and Development

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.5, which was continued.

4) **DIRECTOR'S REPORT**
Sandra R. Hernández, M.D., Director of Public Health)

DPH FY 1994-95 BUDGET

- Budget Revenues: The Department is meeting with the Controller to finalize its revenue estimates for FY 94-95. We believe that all of our budgeted revenues will be certified by the Controller. However, I want to point out that our revenue base incudes a significant amount of one time revenues which will not be available after FY 94-95. These one time sources are as follows:

SFGH - SB 1255 Disproportionate Share	$12.0 mil
LHH - Cost Report Back Billing	$ 3.5 mil
DMS - MOCYF Children's Funding	$ 5.0 mil
	$16.0 mil

- Zero Base Budget: On May 11th and 12th, the Budget Committee of the Board of Supervisors held hearings on the Budget Analyst Office's (BAO) zero base budget analysis. Overall, the zero base budget findings and recommendations for the Department of Public Health were in line with the Department's strategic direction. The Budget Analyst commended the Department for its self-initiated efforts to reduce costs without impacting direct services. The Budget Analyst also noted that the Department had re-evaluated its service delivery areas in light of the State's managed care plan. In large part, the zero base budget analysis can be viewed as an independent assessment and validation of the Department's proposed 1994-95 administrative structure, reorganization efforts and operating efficiencies.

  The BAO made several funding recommendations and policy options for the Board of Supervisor's consideration. I would like to highlight some of those recommendations for you.

  - General Fund Overmatch: The BAO proposed that the Department reduce its match for State mental health funds by $16.1 million to the required State Maintenance of Effort level. These "overmatched" funds are used to provide vital mental health services. If the Department were to reduce its match, there would be a significant reduction in these services.

  - Forensic Medical Services: This policy option proposed the contracting out of forensic medical services to a private medical provider in fiscal year 1994-95. The estimated savings is $1 million. It is our understanding that the Mayor's Office is not in favor of this proposal for FY 94-95.

  - Adult Mental Health: Recommendation to contract out the Department's remaining 13 city-operated adult mental health programs for a savings of $545,300. These programs provide clinical services to severely mentally ill clients and also provide case management functions department-wide.

- Substance Abuse Services: The Department manages one substance abuse program, the Tom Smith Residential Treatment Center located at San Francisco General Hospital. The BAO recommends that contracting out this program could save between $331,200 and $383,000 in general fund. Tom Smith is an intensive medical model substance abuse treatment program. This model is not funded in community-based agencies which focus on a more social model of residential treatment.

- AIDS Overmatch: The BAO proposed that the Department reduce its match for AIDS health services by $2.3 million to the required Maintenance of Effort level. The Department has chosen to overmatch funds for AIDS programs to augment State and Federal dollars for AIDS health services. If the Department were to reduce its match, there would be reductions in AIDS health services.

- Retroactive Medi-Cal Billing: The Budget Analyst's zero base budget analysis indicated that Laguna Honda Hospital and San Francisco General Hospital could obtain retroactive Medi-Cal reimbursement for Medically Indigent Adults (MIAs) who are subsequently approved for Supplemental Security Income. SSI recipients retroactively qualify for Medi-Cal from the onset of their disability. The BAO estimates that LHH and SFGH could receive $38,000 and $2.7 million, respectively, in one-time revenues from this retroactive billing. The Department concurs with these findings. LHH revenues will be increased

  by $38,000. For SFGH, the $2.7 million will be used to offset SB 910 revenues which apparently will not be forthcoming in 1994-95.

I would personally like to commend fiscal and program staff in each of the divisions for their efforts in providing the Budget Analyst with the necessary budget information. The zero base budget process was short and intense (completed over a three month process). Our staff's patience with the process and willingness to ensure that the BAO received accurate information is reflected in the final product.

UPDATE ON MANAGED CARE DEVELOPMENTS

- State Funds: State legislation (SB 456) appropriated $10 million to the State Department of Health Services (DHS) to be used to support the development of the local initiatives in 13 counties. HCFA has agreed to match this money with federal dollars at 50%, and for a few specific activities, at 75%. DHS has projected the dollars that will be available to be $21 million. Of these dollars, $1,137,500 will be allocated to San Francisco. These funds will be disbursed through a contracting process between the State and the County. A draft contract from the State is currently being reviewed by the City Attorney's Office. Once a contract is signed by the Board of Supervisors, we expect to see the first payment of monies in the amount of (approximately) $541,000. Remaining dollars will be payable upon invoices submitted to the DHS for services/activities related to local initiative development.

- State Statute: AB 2755 (Lee) is the State legislation that allows both Alameda County and San Francisco County to form local initiative governing structures. This legislation was supported by

the Health Commission and the Board of Supervisors in their recent local initiative governing structure resolutions. AB 2755 was passed out of the Assembly Health Committee, and will be heard in Ways and Means on May 18, 1994. Legal counsel to the local initiative and the City Attorney's Office are working on incorporating minor amendments to the legislation as suggested by the San Francisco Neighborhood Legal Assistance Foundation.

LABOR NEGOTIATIONS

- Union of American Physicians and Dentists: The Union of American Physicians and Dentists (UAPD) and the City/Health Department have come to a three-year collective bargaining agreement which calls for a salary freeze in the first year. Salaries for the remaining two years will be negotiated at a later time.

  This agreement is consistent with the Health Commission's resolution on nurse and physician-dentist labor negotiations. The UAPD is to be commended for their contribution in our joint efforts to contain costs in preparation for managed care.

COMPENSATORY TIME

- DPH Policy: The Department of Public Health's policy for the accumulation and use of compensatory time allows employees in Fair Labor Standards Act exempt classifications to accumulate a maximum of 160 hours (20 days), carry-over 80 hours (10 days) at the end of a fiscal year, and use a maximum of 160 hours upon separation due to resignation or retirement. Exceptions may be granted by Executive Staff managers. Approval to work overtime and use of accumulated compensatory time requires prior approval by the immediate supervisor. Overtime hours worked must also be approved by the supervisor and recorded appropriately in the payroll office. This policy has been in effect since 1980.

  In 1991, the Executive Staff adopted a revised policy increasing the maximum accumulated to 240 hours, with no exceptions, which resulted in the filing of a grievance and as a condition of withdrawal of the grievance, the Department agreed to reinstate past comp-time practices pending the establishment of a city-wide policy that was under consideration at that time by the Employee Relations Division. The Executive Staff has always supported having a city-wide policy. The Department will be participating with the Board of Supervisors and the Mayor's Office for the development of a city-wide policy.

SAN FRANCISCO GENERAL HOSPITAL

- Affiliation Agreement: After more than four years of intense negotiations between all parties, the Affiliation Agreement between the City and the University of California is almost a reality. The Board of Supervisors approved the agreement on May 9 and the Regents of the University of California are scheduled to vote on the agreement at their meeting on June 14. For the City, this is a major milestone in the 104 year partnership between SFGH and UCSF. Mr. Richard Cordova, Dr. Raymond Baxter, and Dr. Elliot Rapaport, Associate Dean are especially recognized for their contributions and our congratulations.

- Seismic Safety Status of Paramedic Division Site: As reported earlier, the Paramedic facility does not comply with State "Essential Services" building codes and the Bureau of Building Inspectors

has declared the building needs more stringent seismic support. The building owner has submitted preliminary upgrade plans, a cost estimate ($800,000), and a time line (two months for lease negotiation and permit process plus 120 days of contraction). Lease negotiations are currently underway. At the July 5th Commission meeting, a more detailed report will be presented.

- 911 Legislation and Consolidation: Legislation to amend the Administrative Code to establish a consolidated dispatch facility, under the direction of the Office of Emergency Services (OES) is still under consideration. The proposal would essentially transfer all 9-1-1 dispatch management to OES. Transfer of dispatch from the Paramedic Division to the Director of OES requires approval from the Health Commission. The Department will present its recommendation at the July 5th meeting of the Health Commission.

- Parking Garage: The Planning Commission approved the final certification of the Environmental Impact Report (EIR) for the SFGH parking garage on May 12. This approval allows additional legal and legislative steps to be taken to issue bonds for the construction of the 811 space garage. Today at its regular meeting, the Parking Authority will consider several items related to the garage construction, including the approval of bond documents, authority to sell bonds and publish construction bids, and requests for a supplemental appropriation, change in the traffic code, and a validation hearing.

  The validation hearing is a legal step requesting judicial approval of the Parking Authority's right to issue the garage bonds backed by a pledge of parking meter revenues, without a vote of the public. The supplemental appropriation will request approximately $350,000 for the pre-demolition toxic cleanup of the Muni barn while the Validation process is underway. The traffic code amendment is needed in order to pledge the parking meter revenues.

  These items will also be considered at the Board of Supervisor's budget committee on Wednesday, May 18th.

- Update on Regional Poison Control Center: As you know, last July, the state EMS Authority gave permission to the Poison Control Center (PCC) to block telephone access to its services in any county within its designated service region. Counties were given the option to contribute their "fair share" assessment or have toll-free public access to the PCC blocked. This allowed PCC to reduce staffing proportionate to the reduction in call volume and for San Francisco to no longer subsidize services to non-San Franciscans.

  As a result, residents in Contra Costa County have impeded access to PCC services. Over the first eight month period of the block, dramatic shifts occurred in the method of accessing assistance with 9-1-1 operators becoming the most frequent access point. A survey of public callers who attempted to call the PCC revealed that 10% of caregivers were managing poisonings at home with no professional advise and another 11% had a delay greater than one hour before they could obtain professional help. There have been no indications from Contra Costa County officials to alter this arrangement.

Although there has been some legislative effort to identify additional revenues to Poison Control Centers, it does not look as if any of them will be successful. Accordingly, PCC will continue to block access to Contra Costa County residents unless another solution is found.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Mortality: AIDS replaced cardiovascular disease as the leading cause of death among males in San Francisco in 1992, representing another milestone in the epidemic. The finding was released for the first time this week in the San Francisco Epidemiologic Bulletin (April/May 1994) produced by the DPH Bureau of Epidemiology and Disease Control.

  Among males, the continuing increase in AIDS deaths and the decline in cardiovascular diseases resulted in AIDS becoming the most common cause of death in 1992, the latest year for which data is available. That year, AIDS deaths in men topped the list at 1,195; deaths from heart-related disease followed at 1,094, followed by cancer at 875 deaths. In the previous year, heart-disease related deaths claimed the most lives (1,189), followed closely by AIDS (1,152) and then cancer (878).

- Opening of Tuberculosis Center The dedication and opening of the San Francisco National Tuberculosis Center, a joint project of the Department of Public Health and the University of California, San Francisco, is scheduled for June 29, 1994 at 3180 18th Street, Suite 101 at 10 am, followed by a reception from 1 to 4 pm. The Center is funded by CDC as a resource center for the Bay Area and Northern California. Additionally, it is anticipated the Center will serve as a training resource for the western United States. We hope the Health Commission will join us for the opening.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Asset Forfeit Seizure Program: The Mayor was in Washington this past week to secure additional resources for various federal initiatives impacting San Francisco residents. During this visit, the Mayor advocated for the replacement of $3.3 million in federal funding for substance abuse treatment services formerly funded through the Asset Forfeit Seizure program. The Mayor requested Dr. Wayne Clark, Director of Substance Abuse Services, to join him and his staff to participate in various briefings to secure substance abuse services funding.

  They met with Assistant Secretary of Health and Human Services, Dr. Phil Lee, Edward Jurith, Chief Counsel of the Office of National Drug Control Policy, and Kathleen Kennedy Townsend, Deputy for the Department of Justice. Dr. Lee and Mr. Jurith are actively exploring methods for resolving the Asset Forfeit Seizure funding shortfall. The Mayor's advocacy and support for replacing these federal funds is critical if DPH is to continue to provide the current volume of substance abuse treatment services.

- University of San Francisco MBA Scholarship Program: This Saturday, May 21, Monique Zmuda, Director of Business and Operations for DMS, will receive an MBA degree from the McLaren School of Business, University of San Francisco. Two years ago, Ms. Zmuda was selected as the winner of the Mayor's Award, a MBA scholarship program offered by USF. All city departments were asked to nominate qualified managers for a 21 month program specifically

structured to prepare working managers for further advancement and responsibilities. The program was designed to accommodate demanding work schedules of its participants. Ms. Zmuda has more than fulfilled the Department's expectations in nominating her for this award. In addition, to being on the Dean's List and maintaining a full workload at DMS for two years, she also served as the department coordinator for this year's budget preparations. Congratulations Monique.

LEAD PROGRAM

- Geneva Towers: On May 10, the Board of Supervisors' Health, Safety and Environment Committee held a hearing on possible lead problems in the water supply at Geneva Towers and approved a resolution calling for further study of the matter. A similar issue was before the Board in the Fall of 1993 and the Department worked closely with HUD, Geneva Towers management and residents council to evaluate the problems, particularly those associated with lead in the drinking water.

  Mr. Jack Breslin, Director of the Lead Program has arranged for a meeting with the residents to review their concerns and to discuss the water analysis findings of the Department. Dr. Jeff Newman, Non-infectious Epidemiologist for DPH will also attend the meeting, along with staff from Health Center #3.

APRIL STATISTICS

AIDS Statistics (from 7/1/81 to 4/30/94)

Total San Francisco cases:	19,410
Total San Francisco deaths	12,352
Total S.F. for March	234*
Total S.F. deaths for March	138

*Includes 183 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	272
Newborn Nursery:	16
Actual Patient Days (except newborns)	8,151
Newborn Nursery:	483
Admissions (except newborns):	1,427
Newborn Nursery:	143
Average Length of Stay (except newborns):	6
Newborn Nursery:	3
Discharge Patient Days (except newborns):	8,373
Newborn Nursery:	450
Discharges (except newborns):	1,447
Newborn Nursery:	146

Outpatient Visits	
Primary Health	
Family Health:	3,030
General Medicine:	1,935
Pediatric:	2,710
OB/GYN:	1,940
Specialty Clinics:	9,610
Non-admit Emergency Visits	
Emergency Room:	4613
Psychiatric Emergency Services:	375
Psychiatric Emergency Consults:	N/A
Laguna Honda Hospital	
Average Daily Census:	1,116
Acute Services:	8
Clarendon Hall:	164
AIDS/Hospice SNF:	26
Mental Health	
SFGH/Acute Psychiatric Beds:	80
(10 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	3
CPHS - Primary Care Visits for Health Centers	
Health Center #1:	1,182
Health Center #2:	597
Health Center #3:	822
Health Center #4:	914
Health Center #5:	943
Tom Waddell Clinic:	2,914
Potrero Hill Health Center:	564
Southeast Health Center:	602
Special Programs for Youth:	2,905
TOTAL VISITS:	11,443
Disease Control	
TB Clinic:	1,785
City Clinic:	1,391

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Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 4/30/94			*Year-to-date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	145	457	215	642	2387	930
Campylobacteriosis	47	44	41	210	190	156
Giardiasis	42	30	20	111	93	115
Hepatitis A	44	23	14	175	78	52
Hepatitis B	2	7	9	31	23	22
Salmonella	21	22	11	52	71	48
Shigella	23	17	9	91	68	54
TB	39	24	25	130	119	96
Gonorrhea	213	254	150	994	783	643
Syphilis	27	11	6	165	53	30

* Resident cases only
**Includes cases meeting 1993 definition of AIDS

CREDENTIALING ACTION

San Francisco General Hospital: On behalf of the governing body, the following appointments and reappointments of SFGH Medical Staff were approved during April:

Appointments to the Active Staff:	1
Reappointments to the Active Staff:	2
Appointments to the Courtesy Staff:	5
Reappointments to the Courtesy Staff:	10
Appointments to the Affiliated Staff:	0
Reappointments to the Affiliated Staff:	3

Details are available in the Commission Office.

5) CONSIDERATION OF ADDITIONAL FY 1994-95 DEPARTMENT OF PUBLIC HEALTH BUDGET REDUCTIONS

Dr. Hernández provided the Commission with the Department's response to the Mayor's request for additional General Fund reductions. The Department was asked to reduce its

General Fund by $2.05 million. As a result, the Department's original 1994-95 General Fund allocation of $110 million would be reduced to $108 million. In the initial 1994-95 proposal, the Department presented a budget pursuant to the Mayor's Office instructions. Those instructions stressed revenue enhancements, administrative efficiencies and the retention of prevention-oriented crime and violence programs. As a result, the Department's budget proposal reduced General Fund by $11 million, increased revenues by $25.4 million, made administrative/operating efficiencies of $5.5 million and proposed $2.3 million in General Fund service reductions.

The Department is proposing to meet this additional $2.05 million General Fund target through a combination of revenue enhancements, capital reductions, operating reductions and vacancy deletions. All of the proposed reductions would become effective July 1, 1994, (Attachment A).

The City is still significantly short of a balanced 1994-95 budget. As a result, the Mayor's Office is still considering further General Fund reductions targeting "'management positions". It is the Department's firm belief that further administrative reductions would severely undermine the Department's strategic direction and result in the Department's inability to effectively manage its programs. The Department and the Board of Supervisor's zero base budget report do not identify any further reductions in administration which are warranted or justifiable for fiscal year 1994-95.

Commissioners discussed a proposed resolution to respond to the request targeting management positions. Commissioner Chow amended the resolution with "requests", instead of "call upon".

Public Speakers: Enola Maxwell
Richard Delaney, Teamsters 856

Action Taken: Commissioners Jackson, Kaufman, Chow, Marton, and Paras adopted Resolution #20-94, "Authorizing and Prioritizing on Any Further Fiscal Year 1994-95 Dept. of Public Health Budget Issues", (Attachment B).

6) **CONTINUANCE OF THE CONSIDERATION OF A REVISED RESOLUTION ON FEDERAL HEALTH CARE REFORM**

Action Taken: Commissioners Jackson, Kaufman, Chow, Marton, and Paras adopted Resolution #21-94, "Urging Health Care System Reform," (Attachment C).

Commissioner Paras requested that at a future meeting, the issue of health services to undocumented persons be addressed.

7) **CONTINUANCE OF THE CONSIDERATION OF A RESOLUTION FOR THE LAGUNA HONDA HOSPITAL MISSION STATEMENT**

Action Taken: Commissioners Jackson, Kaufman, Chow, Marton, and Paras adopted Resolution #22-94, "Describing the Goals and Roles of Laguna Honda Hospital and Rehabilitation Center Mission Statement," (Attachment D).

8) **CONSIDERATION OF A RESOLUTION TO APPROVE THE VIDEO DISPLAY TERMINAL (VDT) ORDINANCE ENFORCEMENT REGULATIONS, EFFECTIVE JANUARY 26, 1995**

Action Taken: Commissioners Jackson, Kaufman, Chow, Marton, and Paras adopted Resolution #23-94, "Approving the Department of Public Health Enforcement Regulations for the San Francisco Video Display Terminal", (Attachment E).

9) **CONSIDERATION OF A RESOLUTION TO AMEND THE HOUSEHOLD HAZARDOUS WASTE COLLECTION PROGRAM AGREEMENT**

Action Taken: Commissioners Jackson, Kaufman, Chow and Marton adopted Resolution #24-94, "Approving the Third Amendment to the Household Hazardous Waste Collection Program Agreement ('Amendment') to Require the City and Sanitary Fill Company, a California Partnership ('Company') to Apply for a Standardized Hazardous Waste Facility Permit for the Facility and Establish a Trust Fund to Meet Financial Assurance Requirement", (AttachmentF).

10) **DEPARTMENT OF PUBLIC HEALTH PRESENTATION ON THE IMPACT AND IMPLEMENTATION OF THE AMERICAN DISABILITIES ACT REQUIREMENTS**

Gloria Louie, EEO Director, made a presentation on her office's report on the "Impact and Implications of the Americans With Disabilities Act With Regard to Department of Public Health Employees, Reasonable Accommodations, and Public Access to Services."

The report included:

- o Overview of the sections of the Americans With Disabilities Act that apply to the Department of Health
- o A list of the Department's compliance activities
- o The Department's ADA plans for the future; and
- o A copy of the Department's request for reasonable accommodation procedures.

Commissioner Kaufman requested the Department to determine the number of Department of Public Health disabled employees who would want to self-identify.

Dr. Hernández stated there are tremendous costs associated with the American Disabilities Act. Additionally, compliance by DPH contractors would have to be included in the costs.

11) CONSIDERATION OF A RESOLUTION AUTHORIZING APPROVAL OF AN AMENDMENT TO THE SAN FRANCISCO COUNTY ADULT DAY HEALTH CARE PLAN.

Gay Kaplan, Chairperson of the Adult Day Health Planning Council, presented the proposed change in the service boundaries, reinstating Service Area #3 with services to be provided by Self-Help for the Elderly in an area bounded by the beach, the Presidio, Fulton, and Park Presidio.

Action Taken: Commissioners Jackson, Kaufman, Chow and Marton adopted Resolution #25-94, "Authorizing Approval of an Amendment to the San Francisco County Adult Day Health Care Plan", (Attachment G).

12) CONSIDERATION OF A RESOLUTION RENAMING DISTRICT HEALTH CENTER #2 AT 1301 PIERCE STREET

Action Taken: Commissioners Jackson, Kaufman, Chow and Marton adopted Resolution #26-94, "Renaming Health Center #2 the Maxine Hall Health Center", (Attachment H).

Commissioner Kaufman encouraged the Department to have permanently displayed at the Center information about Maxine Hall.

Charla Ekstrand, District Health Officer of Health Center #2, announced that a celebration of the renaming will occur in the near future.

13) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (8)

$2.05 MILLION GENERAL FUND REDUCTION PROPOSAL

Category	Div.	Program	Gen Fund Saved	Revenue Loss	Total Amount	FTEs	Comment/Impact
Revenues	CPH	GA/SSI Resource Center	$299,000	$0	$299,000	0	Three-year grant from the Social Security Admin. to further develop GA/SSI "One-Stop" Resource Center
	DMSF	Adolescent Day Treatment	$480,000	$0	$480,000	0	One time funding from the Mayor's Office of Children, Youth and Families
	LHH	Medi-Cal Revenues	$38,000	$0	$38,000	0	One-time retroactive Medi-Cal reimbursement for services to Medically Indigent Adults who receive SSI
Operating	SFGH	Capital	$1,000,000	$0	$1,000,000	0	Postpone GA/SSI Resource Center capital project reduce other necessary capital projects
	DMSF	Mandatory Fringe Benefits	$125,000	$0	$125,000	0	Overcalculation of fringe expenditures
	LHH	Mandatory Fringe Benefits	$75,000	$0	$75,000	0	Overcalculation of fringe expenditures
	CHS	Travel	$5,000	$0	$5,000	0	Impact on Dept's ability to participate in SB910 meetings and MIS conferences on managed care implementation
Vacancy Deletions	CHS	Employee Assistance Program	$51,000	$0	$51,000	2	Inability to screen 200 clients per year and counsel 240 clients per year
	TOTAL IMPACT		**$2,073,000**	**$0**	**$2,073,000**	**2**	

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 20-94

AUTHORIZING AND PRIORITIZING ON ANY FURTHER FISCAL YEAR 1994-95 DEPARTMENT OF PUBLIC HEALTH BUDGET ISSUES

WHEREAS, the Department has developed a strategic direction to guide its organizational restructuring so as to provide cost effective, integrated, quality health care services consistent with the demands of health care reform; and,

WHEREAS, the Department has sought to increase management efficiency through the restructuring of administrative function; and,

WHEREAS, the Department has preserved services to their fullest extent in spite of significant management reductions over the last three years; and,

WHEREAS, the Department has eliminated 50 management positions over the last three years; and,

WHEREAS, the Department has successfully increased revenues by over $85 million in the last three years; and,

WHEREAS, a major challenge for the Department in 1994-95 will be to meet its revenue target of $25 million; and,

WHEREAS, the Department of Public Health has already undergone extensive reductions in administration and management costs in the FY 1994-95 budget through its internal reorganization and reductions; and,

WHEREAS, the newly established management level of the Department is essential to the effective administration of the Department of Public Health; and,

WHEREAS, the currently targeted level of administrative costs has been examined by the recent zero-based budget analysis of the Budget Analyst of the Board of Supervisors and found to be appropriate; now, therefore, be it

RESOLVED, that the San Francisco Health Commission authorize the current budget priorities of the Department of Public Health at $108 million; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission, believing that any further reduction of the General Fund commitment to the Department of Public Health below $108 million in FY 1994-95 will result in significant damage to the effective implementation of the strategic plan of the Department and will reduce badly needed health services to the people of San Francisco, request the Mayor and the Board of Supervisors to retain this funding level as a bare minimum; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission prioritize any further reductions of the General Fund revenue below $108 million by the City and County of San Francisco in the following manner:

First, that any further administrative reductions be verified by the Director of Health to be acceptable for the effective functioning of the Department;

Second, that further savings be sought by controlling the salary savings within the Department of Public Health to find greater reductions in expenses; and

Third, that any further reductions in the General Fund allocation be placed in areas of service delivery which are not mandated by the State, not tied to more extensive loss of revenues, and not central to the strategic direction of the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-94

URGING HEALTH CARE SYSTEM REFORM

WHEREAS, the United States Department of Commerce recently reported that the amount expended for health care was approximately 11.5 % of the Gross Domestic Product, resulting in an annual expenditure of $840 billion for health care services; despite these expenditures, there is a recognized crisis in the United States health care system, where access is limited and where approximately 54 million people are presently under/uninsured; and,

WHEREAS, many of this nation's cities have been besieged by a series of public health crises including infant mortality, AIDS/HIV, tuberculosis, violence, substance abuse, alcoholism and mental illness, and where current funding for primary prevention activities and health promotion is wholly inadequate for the Department of Public Health to address critical health care needs at the community level; and,

WHEREAS, the City and County of San Francisco officially recognizes that access to quality health care is a basic fundamental need, which goes unmet for a significant number of our residents who are under/uninsured, and depend on local access for health care; and,

WHEREAS, ten million persons living in the nation's communities with disabilities of which 30% are severely disabled and need assistance with three or more activities of daily living (ADL's); 17% require assistance with one or two ADL's; and 53% need assistance with one activity; and,

WHEREAS, the present health care system imposes a heavy burden on society due to its limited coverage and emphasis on costly emergency systems, where it utilizes the least cost-effective approach to maintaining and restoring the health of its citizens, and whereby a diminished emphasis on community based preventive and mental health services has led to a diminished productivity for our society; and,

WHEREAS, the City and County of San Francisco is facing problems which are common to major urban areas throughout the country which do not have adequate local resources to resolve these issues; and,

WHEREAS, in San Francisco, the need for long-term care is disproportionately greater than that of the State, currently 20% of our San Francisco population is aged 60 years and older, this is estimated to increase to 35% by the year 2000; and,

WHEREAS, this Commission supports a policy for the continuum of health and mental health care services for all residents as an appropriate public health policy, and a more rational utilization of our financial resources, recognizing that this policy seeks to alleviate more costly emergency medical interventions at a later date; and,

WHEREAS, approximately one million people, mostly legal immigrants and refugees arrive in the United Stated each year, and where San Francisco is the new home for many of these persons, and, where immigrants and refugees are a significant and growing part of the diversity and richness of the Bay Area; and,

WHEREAS, health care providers should not be required to determine an individual's immigration status in order to determine the eligibility for basic preventive health care services; and,

WHEREAS, the San Francisco Health Commission supports legislative changes which promote health care access, and the elimination of financial, cultural, linguistic, physical, and operational barriers to services, including language to "essential community providers" as those hospitals qualifying for Medicare disproportionate share adjustments, federally qualified health centers, local health departments, sole community hospitals, rural health clinics, hospitals that qualify as Medicare-dependent hospitals and some qualifying individual health providers; and,

WHEREAS, the San Francisco Health Commission has expressed concern that proposed state and federal legislation may threaten the quality and access to care for those who rely on the public health system, particularly in light of the California budget which proposes an 11.5% county share of cost for all Medi-Cal costs, and the elimination of reimbursement for prenatal care provided to undocumented women; now, therefore, be it

RESOLVED, that the San Francisco Health Commission finds that the public health of the City and County of San Francisco requires the enactment of federal and state health reform legislation which will secure universal coverage for all persons presenting the need for medical treatment in the United States, provide adequate funding mechanisms for universal coverage, and provide adequate funding for the provision of public health needs and the improvement of safety net health service providers for the most disenfranchised populations, and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission concludes that the policy of the City and County of San Francisco should be to endorse President Clinton's Health Security Act (H.R. 3600 - Gephardt and S. 1757 - Mitchell) and the American Health Security Act (H.R. 1200-McDermott and S. 491-Wellstone), which as initially introduced are comprehensive approaches and as starting points best address our criteria for significant

health reform. We acknowledge that each piece of legislation has important limitations which calls for continued efforts to improve any health reform legislation being considered; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission hereby urges the Board of Supervisors and the Mayor to adopt a policy endorsing President Clinton's Health Security Act (H.R. 3600 - Gephardt and S. 1757-Mitchell) and the American Health Security Act (H.R. 1200-McDermott and S. 491-Wellstone), and to direct the Federal legislative representative for the City and County of San Francisco to support the passage of Federal Health Care Reform legislation that is consistent with the principles set forth herein in order to address the crisis confronting the health of the people of San Francisco and the nation; and,

FURTHER RESOLVED, that the San Francisco Health Commission finds the current national climate of racism and xenophobia towards immigrant residents deeply disturbing as it applies to health care access, and that exclusion of these residents from appropriate health care coverage in all initial federal legislative health care reform efforts is unjust and counterproductive; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission reaffirms the continued commitment of the San Francisco Department of Public Health to provide services to all those who present the need for medical attention as a moral and ethical obligation.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-94

DESCRIBING THE GOALS AND ROLES OF
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
MISSION STATEMENT

WHEREAS, the Health Commission wishes to adopt a Mission Statement describing the broad goals and roles of Laguna Honda Hospital and Rehabilitation Center to guide planning, budgeting and policy; and,

WHEREAS, the following Mission Statement has been proposed by Laguna Honda Hospital and Rehabilitation Center:

Mission Statement

The mission of Laguna Honda Hospital is to provide or ensure a continuum of health care services for senior and disabled residents of San Francisco.

- To provide preventive, primary and institutional health care services especially for the poor and others with inadequate access to services, and with priority to those in greatest need.
- To participate as part of an integrated system of care with the Department of Public Health.
- To strive for a high quality of life for residents by caring for their physical, medical, emotional, social and spiritual needs with cultural and linguistic sensitivity in a cost-effective manner.
- To encourage the coordination and maintenance of culturally appropriate community-based health care programs.
- To foster volunteer participation in community-based and institutional programs.
- To be a national leader in the provision of community-based and institutional health care services for seniors and the disabled as well as in research and education in the fields of geriatrics and rehabilitative care.
- To continually evaluate and improve the services provided.

Now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-94 (Cont'd.)

RESOLVED, that the Health Commission adopts the Laguna Honda Hospital and Rehabilitation Center's Mission Statement; and, be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements for Laguna Honda Hospital and Rehabilitation Center.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 23-94

APPROVING THE DEPARTMENT OF PUBLIC HEALTH
ENFORCEMENT REGULATIONS FOR THE SAN FRANCISCO
VIDEO DISPLAY TERMINAL

WHEREAS, the San Francisco Video Display Terminal (VDT) Ordinance was passed in December 1990 and tasked the Department of Public Health to enforce the ordinance; and,

WHEREAS, the San Francisco Video Display Terminal Ordinance is enforceable for employees of the City and County of San Francisco; and,

WHEREAS, the Department of Public Health has developed enforcement regulations to ensure clarity and consistency in enforcement of the VDT Ordinance; and,

WHEREAS, the Board of Supervisors appointed VDT Advisory Committee has approved the enforcement regulations; now; therefore, be it

RESOLVED, that the Health Commission approved the VDT Enforcement Regulations.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-94

APPROVING THE THIRD AMENDMENT TO THE HOUSEHOLD HAZARDOUS WASTE COLLECTION PROGRAM AGREEMENT ("Amendment") TO REQUIRE THE CITY AND SANITARY FILL COMPANY, A CALIFORNIA PARTNERSHIP ("Company") TO APPLY FOR A STANDARDIZED HAZARDOUS WASTE FACILITY PERMIT FOR THE FACILITY AND ESTABLISH A TRUST FUND TO MEET FINANCIAL ASSURANCE REQUIREMENTS

WHEREAS, the City, through the Health Commission and Chief Administrative Officer CAO), and Sanitary Fill Company entered into the Household Hazardous Waste Collection Program Agreement ("Agreement") dated December 14, 1987, for a one year term; and,

WHEREAS, the Agreement provided for operation of the Household Hazardous Waste Facility ("Facility") at 501 Tunnel Avenue, San Francisco, California, pursuant to a variance received from the California Department of Health Services; and,

WHEREAS, the City and Company entered into a first amendment to the Agreement in 1988 to extend operation of the Facility for one year; and,

WHEREAS, the City and Company entered into a second amendment to the Agreement in 1989 to continue operation of the Facility with no fixed termination date; and,

WHEREAS, Health and Safety Code Section 25201.6, enacted in 1992, requires the Department of Toxic Substances Control (DTSC) of the California Environmental Protection Agency to adopt regulations providing for issuance of standardized hazardous waste facilities permits; and,

WHEREAS, to obtain a permit, the City and Company must provide assurance that funds will be available for closure of the Facility; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves this third amendment to the Household Hazardous Waste Collection Program Agreement ("Amendment") to require the City and Sanitary Fill Company to apply for a standardized hazardous waste facility permit for the facility and establish a trust fund to meet the financial assurance requirements, as required by the California Health and Safety Code.

- Transfer to the trust fund, from the Solid Waste Program monies, $10,000 toward the satisfaction of financial assurance requirements of the California-EPA, Department of Toxic Substance Control; and,

- Specify the dispersal of remaining funds after closure of the Facility.

Following approval by the Health Commission, the modification must be approved by the CAO, City Attorney, and Sanitary Fill Company. Upon approval, the trust fund will be established and submitted to the California Environmental Protection Agency-Department of Toxic Substances Control.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 25-94

AUTHORIZING APPROVAL OF AN
AMENDMENT TO THE SAN FRANCISCO COUNTY
ADULT DAY HEALTH CARE PLAN

WHEREAS, State statutes and regulations require counties to amend the County Adult Day Health Care Plan whenever service area boundaries need to be changed as recommended and approved by the local Adult Day Health Planning Council; and,

WHEREAS, the local Adult Day Health Planning Council is appointed by the County Board of Supervisors and approved by the Department of Aging to plan for organized day programs of therapeutic, social and health activities and services provided to the elderly and persons with functional impairments either physical or mental, for the purpose of restoring or maintaining optimal capacity for self care; and,

WHEREAS, the San Francisco County Adult Day Health Care Plan has a limit of one provider per catchment area, except for special populations with special need; and,

WHEREAS, the San Francisco Adult Day Health Care Plan was amended on October 1, 1991 eliminating Service Area #3 because of the lack of a provider and requested that the Institute on Aging/Ruth Ann Rosenberg Adult Day Health Center, a.k.a. Service Area #7, expand their service areas to fill in due to the lack of a service provider, today amends the plan to reinstate Service Area #3 with services provided by Self Help for the Elderly in an area bounded by the beach, the Presidio, Fulton Avenue and Park Presidio; and,

WHEREAS, these amendments were made in accordance with State mandated procedures and formalized by the Adult Day Health Care Planning Council on April 13, 1994; now, therefore, be it

RESOLVED, that the Health Commission supports the amendment to the San Francisco County Adult Day Health Care Plan; and, be it

FURTHER RESOLVED, that the Health Commission recommends these amendments to the Board of Supervisors for approval and submission to the State Department of Aging.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-94

RENAMING HEALTH CENTER #2
THE
MAXINE HALL HEALTH CENTER

WHEREAS, the Department of Public Health is committed to the principle of community oriented primary care; and,

WHEREAS, the community based health centers administered by the Department of Public Health embody the essential characteristics of community oriented primary care by providing multidisciplinary health services reflecting the individual and community health needs identified in collaboration with the communities being served; and,

WHEREAS, the name of a health center can make a strong symbolic statement about the relationship between that health center and the community it serves; and,

WHEREAS, the tragic death of Maxine Hall, a patient at Health Center #2, led to renewed community efforts to reduce the impact that violence has on the health and well being of the community; and,

WHEREAS, in collaboration with the Health Center #2 Community Advisory Board, and with the support of Maxine Hall Health Center in order to memorialize her death and to state a commitment to continue the community effort to reduce the threat of violence to their health and well being; now, therefore, be it

RESOLVED, that the San Francisco Health Commission of the City and County of San Francisco does hereby urge the Board of Supervisors to rename Health Center #2 the Maxine Hall Health Center.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 17, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachmen
Page 1 of

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Sandra R. Hernandez, M.D.
Director of Public Health

Civil Service Commission

Emi R. Uyehara
President

Juan Rios
Vice President

Karen Clopton
Commissioner

George Kosturos
Commissioner

A. Lee Munson
Commissioner

Albert C. Walker
Executive Officer

NOTICE OF SPECIAL MEETING

A JOINT SESSION

OF THE

HEALTH COMMISSION AND CIVIL SERVICE COMMISSION

Tuesday, May 31, 1994
5:00 p.m.
101 Grove Street, Room #300

AGENDA

1. Call to Order.

2. Presentation from the Department of Public Health on its Preparation Towards Managed Care and National Health Care Reform and Its Impact on Civil Service Issues and Discussion of Mutual Concerns of the Health Commission and Civil Service Commission.

3. Consideration of a resolution which endorses the Department of Public Health efforts to reorganize and restructure its work force in preparation for health care reform.

4. Public Comments.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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MINUTES
OF THE SPECIAL
JOINT MEETING OF THE
HEALTH COMMISSION AND CIVIL SERVICE COMMISSION

Tuesday, May 31, 1994
5:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) **CALL TO ORDER**

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 5:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D., F.A.C.P.
Commissioner Melinda L. Paras

Commissioner Emi R. Uyehara
Commissioner Karen Clopton
Commission George Kosturos
Commissioner A. Lee Munson
Commissioner Juan Rios

Absent: Commissioner Edward A. Chow, M.D, Health Commission

2) **PRESENTATION FROM THE DEPARTMENT OF PUBLIC HEALTH ON ITS PREPARATION TOWARDS MANAGED CARE AND NATIONAL HEALTH CARE REFORM AND ITS IMPACT ON CIVIL SERVICE ISSUES AND DISCUSSION OF MUTUAL CONCERNS OF THE HEALTH COMMISSION AND CIVIL SERVICE COMMISSION.**

Dr. Sandra Hernandez, Director of Public Health, presented the following outline on Managed Care and Healthcare Reform: The Impact on Human Resource and Labor Relations.

I. **WELCOME**

- DPH is at a major crossroads in its history
- State and national healthcare reform are moving forward at an aggressive pace
- DPH must respond quickly and proactively to "re-tool" to meet challenges of a managed care environment
- Flexibility to change will be crucial to the Department of Public Health's ability to survive in the

- healthcare industry
- The Department's ability to survive under a Medi-Cal managed care system will depend on our ability to be competitive

II. STRATEGIC PLAN FOR HEALTHCARE REFORM

PREPARING THE DEPARTMENT FOR A MANAGED CARE ENVIRONMENT:

- DPH outlines a strategic plan to address state and federal healthcare reform
- Strategic planning process will recommend ways City can work closer with private sector ("public-private partnerships") to maximize resources to serve clients
- Plan will recommend ways to maximize leveraging of funds
- Plan will assure market share to ensure patient revenues - to avoid increased reliance on city's general fund to pay for indigent care

ENVIRONMENTAL CHALLENGES:

Healthcare Reform (Federal)

- Increased competition for market share (patients)
  - √ Fewer acute care hospitals to meet reduced need for acute care beds
  - √ Public-Private partnerships, e.g., mergers
  - √ Pressure to reduce costs and document quality

State Reform - Managed Care

- Medi-Cal population shifted to Managed Care by 3/95
- Mental Health Managed Care- shifting responsibility for authorization of clinical services by 10/94; shifting financial risk from state to county providers by 7/96

Local Government

- State subsidies are decreasing while economic recession and high unemployment mean more uninsured
- Labor continues to drive costs
- Unique health needs of the San Francisco population ("special interests"), e.g., Children's Service - Prop J, AIDS Funding, Mental Health Funding
- Competition for limited local resources: no other department relies on outside revenues to the extent the Department does
- Public perception of government inefficiency

Internal Challenges

- While the organizational components are in place, DPH's organizational structure needs to be better positioned for Health Care Reform
- DPH has higher costs than private competitors in some critical areas of health service delivery
- The DPH workforce faces a cultural change from "Public" to Private/competitive, and performance-oriented business, i.e., paying patients will have the option to choose private hospitals, clinics and providers

Redefining Functional Divisions

1. Policy/Regulatory
   - Data Collection
   - Community Surveillance
   - Needs Assessment and Evaluation
   - Regulations - Mandates
   - Public Information and Education
   - Policy Planning and Development
   - Funding Development (Grants)
   - Advocacy
   - Population-based initiatives (smoking cessation, registries)
2. Brokerage-Manage All "Corporate" Resources and Services
   - Service Management - Utilization Review/Quality Assurance/Gatekeeping

- Finance - Cost Control/Actuarial/Executive Administration
- Research and Development - Research, Planning, Program Development and New Business Contracts
- Marketing - Customer relations; appeals
- Monitoring Health Outcomes and Evaluation
- Eliminate duplication of functions in areas like utilization review, cost reporting

3. Provider Service (by DPH and/or service contractors)
   - Community Oriented Primary Care (Health Centers):
     - General Medical adult care, family health, ob/gyn, HIV and pediatrics
     - Mental health services, substance abuse services
     - Communicable disease control; environmental health and toxics
     - Homeless services
     - Prevention, health education, outreach
     - Urgent Care
   - Alternatives to Institutional Care:
     - Home health
     - Public health nursing
     - Outpatient Specialty services
     - Case Management
   - Institutional:
     - Pre-hospital - paramedics, emergency care and services
     - Acute medi-surgical care, acute psychiatric
     - Long-term care
       - √ Sub-acute, L-facility
       - √ Rehab, SNF
       - √ Community Residential Programs

CONCEPTS OF MANAGED CARE

Competition

- Federal = "Managed Competition", premise is that competition fosters quality, and holds costs down
- State's Medi-Cal Managed Care Plan = "Two-Plan Model"; Local Initiative and Commercial Plan compete for small number of Medi-Cal clients
  - √ Seeks to redistribute patients into capitated health plans
- Needs Marketing Plan and ability to re-orient our workforce to attract consumers who will now have a choice of providers

Incentives Under Capitation

- Capitated Payments = set amount per member/per month. This must cover all salaries and operating costs involved in serving the enrolled population
- Incentive for provide/health plan = prevention, early treatment and less hospitalization of patients, but also danger of under-utilization and decreased access for patients
- Less ability to use in-patient revenues to subsidize care
- Less acute care revenues available to subsidize other care and services

Risks

- Managed care works to reduce costs by having providers share in the financial risk, e.g., if the providers in aggregate spend less on patient care than the monthly capitation payments, the plan/providers make $ (and the opposite is true)
- Must have the ability under managed care to have providers share risk, otherwise, provider practice behavior will not change, and plan will not succeed
- Sharing risk often means withholds, where 10-20% of physician revenue is withheld for a given period of time and used against unforeseen financial losses

IMPACT OF CHANGE ON PUBLIC SECTOR EMPLOYMENT

Physicians Under Managed Care

- Clinical Practice Group (CPG) = a medical group practice, formed in 1993 by the medical staff of SFGH; to attract and administer health care services agreements with third party payers (will include Primary Care Network MDs, nurse practitioners and nurse midwives)
- Provider/Health Department Organization (PHO) = a committee of representatives from DPH, SFGH, UC and the CPG that coordinates and recommends policies for managed care activities and contracts

Employee Incentives vs. Salaried Employees

- Managed care plans usually provide financial incentives for medical staff to manage patient care within capitation limits; plans cannot control costs without the cooperation of providers
- Salaried employees in staff-model plans have financial benefits/incentives other than salary to motivate their change in practice behavior
- The DPH must investigate the development of financial incentives for its managed care providers to ensure a financially viable program

Staff Model vs. Independent Practitioners

- Staff model = all providers are employees of the DPH (currently the model in the health centers; used at Kaiser)
- Independent Provider Association model = a provider group contracts with DPH to provide services
  - √ Currently the model at SFGH, e.g., UCSF MDs who work on contract with the City at SFGH
- DPH must adapt financial systems to distribute capitated revenue to providers

III. DPH ORGANIZATIONAL RESTRUCTURING FOR HEALTH CARE REFORM

CONSOLIDATION, COST REDUCTION AND PRODUCTIVITY IMPROVEMENT

1. Consolidation
   - Single administrative structure
   - Single medical staff structure
   - Accountability; cost efficiencies/risk
   - Consolidation of like functions
   - Maximum use of skill mix, retraining and continued professional education (CME, CNE)
   - Phased implementation of organizational change
2. Cost Reduction/Budget Reductions
   - Contract out (laundry, dietary, pharmacy) and facilitate reassignment
   - Job restructuring, e.g., generic health managers
   - Doing more with less (efficiencies and productivity)
   - Labor negotiations/Cost avoidance
   - Workers' Compensation:
     - √ DPH return-to-work program
     - √ Claims management
     - √ Explore role of DPH in case managing or sub-specialty referral care
3. Productivity Improvement
   - Establish units of accountability
   - Establish performance standards to meet industry standards (results, outputs and outcomes)
     - √ MD productivity
     - √ Business office
     - √ Civil Service and contract providers

√ All units in UCSF Affiliation Agreement

3. CONSIDERATION OF A RESOLUTION WHICH ENDORSES THE DEPARTMENT OF PUBLIC HEALTH EFFORTS TO REORGANIZATION AND RESTRUCTURE ITS WORK FORCE IN PREPARATION FOR HEALTH CARE REFORM

Dr. Hernandez presented a resolution for the joint Commissions' consideration.

Civil Service Commission President Emi Uyehara commented that the Department of Public Health's direction towards managed care parallels the goals of the Civil Service Commission.

Public Speakers: an HIV Care Provider - supports no lay-offs of employees
Margaret Verges - read letters from Presidio Avenue Association of Concerned Neighbors and District Seven Democratic Club

Action Taken: The Health Commission and Civil Service Commission unanimously adopted Resolution #27-94 ("Supporting the DPH Organizational Restructuring for Healthcare Reform") (Attachment A)

4. PUBLIC COMMENTS

None.

The meeting was adjourned at 6:35 p.m.

Sandy Ouye Mori
Executive Secretary
Health Commission

Albert C. Walker
Executive Officer
Civil Service Commission

Attachment

JOINT RESOLUTION OF
THE HEALTH COMMISSION
AND
CIVIL SERVICE COMMISSION
Health Commission Resolution #27-94
Civil Service Commission Resolution #459-94-1

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH
ORGANIZATIONAL RESTRUCTURING
FOR
HEALTHCARE REFORM

WHEREAS, the Department of Public Health is at a major crossroads in its history, and state and national healthcare reform are moving forward at an aggressive pace; and

WHEREAS, the Department of Public Health must respond quickly and proactively to "re-tool" to meet the challenges of a managed care environment, and flexibility to change will be crucial to the Department's ability to survive and be competitive under a Medi-Cal managed care system; and

WHEREAS, the Department of Public Health must reorganize into a comprehensive, integrated, cost-effective service delivery system that focuses on prevention, primary care, and chronic/long-term care, and develop an incentive-based, performance-oriented, risk-sharing system of care that forges new partnerships with employee organizations, staff and contractors, community advisory committees, business groups, other city departments, and the San Francisco community in order to support its strategic direction; and

WHEREAS, the Department of Public Health must re-engineer its structure to be consumer/customer responsive to minimize cost to the City, and has developed a strategic direction for multi-year planning which will guide its reorganization into a comprehensive, integrated, cost-effective service delivery system that includes consolidation, cost reduction, productivity improvement, and revenue enhancement; and

WHEREAS, the City's Department of Human Resources has defined its major functions to provide quality services for its clients (departments) by recruiting and training qualified employees, emphasizing customer service and solving problems for its clients, building on the strengths and responding to the needs of the increasingly diverse work force; and

WHEREAS, the City's Department of Human Resources has set goals to begin a comprehensive classification and compensation study, assure full compliance with the Americans with Disabilities Act, implement phase I of a management information system that allows for management flexibility and meets charter requirements for Propositions C (flexibility in recruitment and selection) and D (expanded certification rule), and fully implements Proposition B (collective bargaining), and Proposition E (dismissals); and

WHEREAS, the Department of Public Health recognizes that human resources and labor relations issues will be critical in its ability to restructure a service delivery system that will be competitive under a Medi-Cal managed care system, now, therefore be it

RESOLVED, that the Health Commission and the Civil Service Commission support the efforts of the Department of Public Health to reorganize and restructure its workforce in preparation for healthcare reform; and, be it

FURTHER RESOLVED, that the Health Commission and the Civil Service Commission jointly urge the Department of Human Resources to work cooperatively with the Department of Public Health by providing the necessary assistance and advice in order to ensure the success of its restructuring efforts; and, be it

FURTHER RESOLVED, that the Health Commission and the Civil Service Commission urge the Mayor and the Board of Supervisors to support the efforts of the Department of Public Health to maintain its financial viability to be competitive under a Medi-Cal managed care system and meet the challenges of national healthcare reform.

I hereby certify that the foregoing resolution was adopted by the Health Commission and Civil Service Commission at a special joint Commission meeting on Tuesday, May 31, 1994.

Sandy Ouye Mori
Executive Secretary
Health Commission

Albert C. Walker
Executive Officer
Civil Service Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Margel F. Kaufman
Vice President

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Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
June 7, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 17, 1994**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda Paras)

(3.1) Consideration of a lease for land at the northeast corner of Portola Drive and Woodside Avenue, leased to BP Oil since 1987 and due to expire June 30, 1994.

(3.2) CHS - AIDS - Modification to the contract with Coming Home reducing the contract in the amount of $28,380 for the provision of probate conservatorship services for indigent persons with complex medical and psychiatric needs resulting from AIDS Dementia for the period of July 1, 1993 through June 30, 1994. (DPH contacted with Coming Home Support Services for services totaling $84, 834 in FY 92-93).

(3.3) CHS - AIDS - New contract with San Francisco AIDS Foundation in the amount of $123,623 to provide rental subsidies for low income residents of San Francisco who have AIDS or disabling HIV, for the period of February 1, 1994 through June 30, 1994. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,985,094 in FY 92-93).

(3.4) CHS - ADMINISTRATION - Multi-year contract renewal with Haight Ashbury Free Clinic, Inc. in the amount of $117,062 to provide primary medical care and AIDS screening services to low or no income residents for the period of July 1, 1993 through June 30, 1994. (DPH contracted with the Haight Ashbury Free Clinic. for services totaling $5,113,238 in FY 92-93).

(3.5) DMS - CMHS - Renewal contract with St. Mary's Hospital and Medical Center d.b.a. McAuley Neuropsychiatric Institute in the amount of $250,000 to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1993 through June 30, 1994 (DPH contracted with St. Mary's Hospital for services totaling $917,495 in FY 92-93).

(3.6) DMS - CSAS - Renewal Multi-year contract with Center for Human Development, in the amount of $119,986 per year to provide Substance Abuse Prevention Services in San Francisco Schools for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Center for Human Development for services totaling $119,986 in FY 93-94).

(3.7) DMS - CSAS - First modification to the contract with Chemical Awareness and Treatment Services/Counseling services for Drinking Drivers, Inc. to reduce multi-offense Driving Under the Influence (DUI) Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $1,860,253 in FY 92-93).

4) **DIRECTOR'S REPORT**
(Sandra R. Hernández, M.D., Director of Public Health)

5) **CONSIDERATION OF APPROVAL OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1994-95**

6) **CONSIDERATION OF A RESOLUTION TO APPROVE FACILITY DESIGNATION FOR INVOLUNTARY MENTAL HEALTH TREATMENT**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **EXECUTIVE SESSION**
Pursuant to Government Code Section #54956.9, Conference with Legal Counsel on Existing Litigation, consideration of Judith Alabdi vs. CCSF (Superior Court No. 051-047)

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street, is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 7, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras

Absent: Commissioner Edward A. Chow
Commissioner Keith I. Marton, M.D.

8) EXECUTIVE SESSION:

A) PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL ON EXISTING LITIGATION, CONSIDERATION OF JUDITH ALABDI VS. CCSF SUPERIOR COURT #051-047.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Paras) approved the proposed settlement of $30,000 for Judith Alabdi vs. CCSF, Superior Court #051-047.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 17,1994

Action Taken: The Commission (Jackson, Kaufman, Paras, Castaneda) adopted the minutes of May 17, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) Consideration of a lease for land at the northeast corner of Portola Drive and Woodside Avenue, leased to BP Oil since 1987 and due to expire June 30, 1994.

(3.2) CHS - AIDS - Modification to the contract with Coming Home reducing the contract in the amount of $28,380 for the provision of probate conservatorship services for indigent persons with complex medical and psychiatric needs resulting from AIDS Dementia for the period of July 1, 1993 through June 30, 1994. (DPH contacted with Coming Home Support Services for services totaling $84, 834 in FY 1992-93).

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The contractor is researching for other space in the area which would be wheel-chair accessible.

(3.5) DMS - CMHS - Renewal contract with St. Mary's Hospital and Medical Center d.b.a. McAuley Neuropsychiatric Institute in the amount of $250,000 to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1993 through June 30, 1994 (DPH contracted with St. Mary's Hospital for services totaling $917,495 in FY 1992-93).

Contractor is still out of compliance on its affirmative action of Board and staff but has improved.

Commissioner Paras' concern is that the contractor did not respond in a timely fashion to the submission of paperwork and that the Board of Directors is out compliance. She requested a progress report in four months prior to a decision being made on contract renewal for 1994-95. Because this is a retroactive contract, the Commission recommended approval.

Commissioner Jackson requested the Department to look at a potential policy of a 10% penalty to contractors who do not respond in a timely fashion.

Public Speakers: Dale Butler, Local 250, did not support contract renewal.
Larry Griffin, President of the Black Leadership Forum, did not support contract renewal.

(3.6) DMS - CSAS - Renewal Multi-year contract with Center for Human Development, in the amount of $119,986 per year to provide Substance Abuse Prevention Services in San Francisco Schools for the

period of July 1, 1994 through June 30, 1998. (DPH contracted with Center for Human Development for services totaling $119,986 in FY 1993-94).

Commissioner Paras received from the contractor a description of the plan to address affirmative action of the Board.

(3.7) DMS - CSAS - First modification to the contract with Chemical Awareness and Treatment Services/Counseling services for Drinking Drivers, Inc. to reduce multi-offense Driving Under the Influence (DUI) Services for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $1,860,253 in FY 1992-93).

Action Taken: The Commissioners (Paras, Castaneda, Kaufman, Jackson) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

DPH FY 1994-95 BUDGET

-Update on Mayor's Budget: The Department of Public Health's original budget submission to the Mayor's Office included a general fund reduction of $10.9 million, from $120.9 million in FY 1993-94 to $110 million in FY 1994-95. At the Health Commission meeting of May 17, I informed the Commission that the Department's general fund allocation was reduced to $108 million at the request of the Mayor's Office. At that time, I also informed the Commission that the City did not have a balanced budget and the Mayor's Office was contemplating further reductions in the DPH budget. As I reported to you in a memorandum on May 25, 1994, an additional $2.8 million reduction was made in the Department's general fund allocation for FY 1994-95.

In total, the Department's general fund allocation was reduced from $120.9 million in FY 1993-94 to $105.2 million in FY 1994-95, a total reduction of $15.7 million (13%). In addition to this general fund reduction, the Department absorbed all unavoidable cost increases totaling $22.2 million. The Department has therefore absorbed $37.9 million ($15.7 million in general fund reductions and $22.2 million in cost increases) in FY 1994-95 by a combination of revenue increases($26.2 million), administrative/operating efficiencies ($9 million), and some service reductions ($2.9 million).

The additional $2.8 million general fund reduction is consistent with the Health Commission's resolution prioritizing further budget reductions in FY 1994-95, and the bulk of the additional reduction imposed by the Mayor's Office is in the form of increased salary savings ($2.45 million). No additional reductions were taken at Laguna Honda Hospital because the hospital has a small general fund allocation for 1994-95. Salary savings represent unexpended funds for employee salaries and this significant increase in salary savings will have some service ramifications.
The additional salary savings translates into approximately 41 positions and could require the Department to reduce its budgeted salary costs by 41 positions. The Department is in the process of determining the full impact of the increased salary savings on services and will report these findings back to the Commission at the June 21st meeting.
The Department also identified additional service reductions in dental services and public

The Department also identified additional service reductions in dental services and public health nursing to meet the additional general fund reduction. This results in the loss of an estimated 4,329 home health visits and the elimination of all adult dental services. The Department feels none of these proposed service reductions are easily defensible. However, the Department has maintained as much basic public health services as possible given the amount of general fund allocated to the Department for next year.

The Department's first budget hearing before the Board of Supervisors' Budget Committee is scheduled for Thursday, June 23rd at 1:30 pm. In addition, public testimony on the budget is scheduled for Saturday, June 25th at 1 pm.

Layoff notices have been sent to approximately 65 DPH employees. The Department's personnel officers are reviewing all available vacancies for placement and while it is too early to know how many will receive final layoff notice, we will keep the Commission posted on this matter.

-Consolidation of Environmental Health & Toxics: The consolidation of the Bureaus of Environmental Health Services and Toxics, Health and Safety Services, that was approved by the Commission in the FY 1994-95 budget, is proceeding. A difficult but necessary step in this process is the combining of the two director positions into one. Both Mr. Ben Gale and Mr. Bill Lee are highly qualified and respected professionals within the Environmental Health field. Both Mr. Gale or Mr. Lee would be an outstanding director for the new consolidated bureau. Given my limited discretion in this matter, based on Civil Service Rules, I have named Mr. Ben Gale as the Director of the new bureau. We are working closely with Civil Service staff to identify an appropriate job assignment for Mr. Bill Lee.

It is my understanding that the Board of Supervisors will be holding a public hearing on the proposed consolidation. This hearing has yet to be scheduled. Also I will be meeting with the Toxics Unit this week to discuss implementation of the consolidation.

The recommendation for consolidation of the two bureaus into one Environmental Health Bureau was the result of a work group on organizational consolidation and integration which reviewed Environmental Health and Toxics. This work group will continue to work with Mr. Gale and the Toxics staff regarding on-going consolidation issues. Another work group on consolidation and integration recommended the consolidation of the AIDS Office and the Bureau of Epidemiology and Disease Control. These work groups will continue to review organizational consolidation/integration and efficiencies as part of our on-going efforts to restructure the Department of Public Health in preparation for managed care and national health reform.

On behalf of the Health Department, I wish to extend my sincere appreciation to both Mr. Gale and Mr. Lee for their outstanding contributions to the City and County of San Francisco over the last several years. I wish them the best and anticipate their future successes.

-SFGH Laundry Contract: The budget proposal to contract-out San Francisco General Hospital's laundry services in FY 1994-95 is moving forward on schedule. The Request for Proposals went out on May 20 and six laundry services have submitted bids. The contract is expected to be awarded before the end of June.

At the same time, the Prop J approval process to contract-out is moving forward. The Controller has certified that contracting will reduce the cost of laundry services at the hospital. A hearing is scheduled before the Board of Supervisors' Government Efficiency Committee today. It is hoped the full Board and the Mayor will approve the proposal by June 24th.

Layoff notices were sent to 22 laundry workers on May 27. The Department has made a commitment to place all displaced laundry employees in appropriate positions within DPH or the City. Mr. Wendell Pryor, General Manager of the Department of Human Resources has offered to assist DPH in this process. I have asked for a weekly update on the progress of these employee placements. Local 250 has gone on record supporting this contracting out.

The recommendation to contract-out SFGH's laundry service was made by the Department's work group on Laundry Services. The work group will continue to meet to make medium and long range recommendations regarding the Department's laundry services.

STATE BUDGET UPDATE

-May Revise: On Friday, May 20, Governor Wilson released the FY 1994-95 May Revision forecast. Historically this is an opportunity to re-examine the budget expenditures and state revenue projections. In previous years this document has highlighted any significant budget changes from the January budget proposal and may be viewed as a harbinger of the budget priorities and deliberations to come in the summer.

In essence, the 1994-95 May Revision reiterates the January budget proposal. expenditure projections are reduced reflecting a slower growth in Medi-Cal, AFDC, average daily attendance in public schools and other related programs. Expenditure projections are increased to reflect the first wave of criminal justice costs associated with the implementation of the new "three strikes" law.

Given the political nature of this budget year, we do not anticipate any major budget revisions until after the June primary election. As such, the Governor is still expecting to receive FFP, full federal participation regarding costs claimed for provision of services for undocumented persons in California, $3.1 billion.

The State budget must be passed by the Legislature by midnight, June 15, 1994. An update will be provided at that time.

UPDATE ON MANAGED CARE DEVELOPMENTS

-Transitional Enrollment/Contracts: The State Department of Health Services will be allowing enrollment of Medi-Cal beneficiaries into private managed care plans during the transition period - from early July, 1994 until whenever the two-plan model takes effect, and both the Local Initiative and the Commercial/Mainstream Plan begin operations. To date, the State DHS has informed San Francisco of the interest of four health plans in signing contracts within the transition period: Health Net, with a capacity for 10,000 enrollees; Foundation Health Plan, with a capacity for 18,000 enrollees; Chinese Community Health Plan, capacity not documented, but our understanding is for 2,000 - 3,000 enrollees; and most recently, PacifiCare, with an unknown capacity at this time. Enrollment of Medi-Cal beneficiaries into managed care plans during the transition period is voluntary, and capacity indicates maximum enrollment allowed but not guaranteed.

-Start-up Date: At its last meeting with the 13 counties in May, the State Department of Health Services announced that each county must notify the State by June 20, 1994 of their intended start-up date for the local initiative. This date will also apply to the start-up of the mainstream plan in that county, and will be documented in the final RFA for the mainstream plans, to be released in July. Interim enrollment of beneficiaries into private managed care plans will continue until the start-up of the two-plan model on the selected date. Counties may select any start-up date between now and April of 1996. At its next meeting on June 15, 1994, the Local Initiative Steering Committee will select a date for San Francisco.

-Financing the Local Initiative: The Local Initiative Steering Committee voted at its meeting of June 1, 1994 to approve a capitalization plan for the needed $3.1 million in start up funds: State funds from SB 456 are appropriated to San Francisco in the amount of $1.1 million, the City and County of San Francisco will contribute $1 million, and the remaining $ 1 million will be funded by withholds from providers ($750,000) and provider loans ($250,000). Funding will be provided over the next few years, through fiscal year 1996-97.

-HMO Affiliation: On June 1, 1994, the Local Initiative Steering Committee approved a strategy to partner with an existing Knox-Keene licensed HMO, if the State allows this arrangement, as opposed to creating an entirely new HMO in order to deliver managed care services. The advantages to this approach are a considerably shorter time to start-up, less investment of Local Initiative resources, and expertise in managed care administration and marketing. A letter was sent to the State DHS requesting an opportunity to present this option in a meeting. A sub-committee of the Steering Committee will be developing a draft RFP and timeline before the next Steering Committee meeting.

-DPH Managed Care Steering Committee: Four sub-committees continue to work on getting the Department prepared for managed care: the Education sub-committee, charged with developing both provider and patient managed care orientation programs; a Facility Compliance sub-committee, charged with performing a survey of all primary care sites for compliance with State managed care standards; a Finance sub-committee, analyzing costs per unit of service in the Department; and a Clinical Implementation sub-committee, which is working on defining the scope of primary care services in the

Department, in accordance with State standards.

REGISTERED NURSES NEGOTIATIONS

-Status Update: Negotiations with Registered Nurses remain at the mediation step of the impasse procedure. The Union has amended its economic proposal to a 5% wage increase and a 2 1/2% employer pick up of the employee's retirement contribution at a cost of approximately $7-$8 million. Job security proposals such as no contracting out, mandatory staffing ratios, and a no layoff guarantee continue to be important Union proposals. The City and the Department continue to propose modest cost containment items consistent with our effort at becoming more financially competitive and maintaining quality and access of services.

I am informed that the nurses voted 91% in favor of a strike. The MOU, which contains a No Strike clause, has been extended to June 10th. The next mediation session is scheduled for Wednesday afternoon, June 8th.

CHARTER REFORM

-Summary of Proposal: The Advisory Committee on Charter Reform is holding hearings on proposed charter amendments this week, Thursday, June 9 from 6:30 - 9:00 pm at the SF War Memorial, Veterans Building, Room 219 and Saturday, June 11, from 1 - 3 pm, in Room 206 of the Veterans Building. The Advisory Committee, as well as the Mayor and the Board of Supervisors, invites input from the public on Charter Reform. A copy of the list of Charter Reform issues that the Advisory Committee is reviewing has been forwarded to the Health Commission.

The Department has reviewed the proposed Charter revisions relative to the Department of Public Health and the analysis highlights the current Charter language and the proposed reforms on the following: powers and duties of the Health Commission; appointment, removal, and composition of the Health Commission; non-interference with departments by boards and commissions in administrative matters; appointment and removal of the Director of Health; and administrative appointments at the two hospitals. The Department's analysis is attached to this report.

MENTAL HEALTH FACILITY

-Update on Mental Health Rehabilitation Facility Issues: The construction of the mental health skilled nursing facility is on schedule, with an estimated completion date of October 1994. The Department staff is in the process of analyzing and evaluating options for the operation of the mental health rehabilitation facility, including programmatic and support functions.

The Department is pursuing the possibility of combining its inpatient licenses with that of the mental health rehabilitation facility in order to qualify it as a distinct part SNF. This designation would provide Medi-Cal reimbursement for psychiatric skilled nursing services. Without such a designation, no reimbursement would be available. As the Commission is aware, no general fund dollars have been appropriated in our 1994-95 budget for operating the facility.

The Department is also preparing its program design with participation from community groups, providers, consumers and families. The program will have a rehabilitation focus which will allow consumer and families to participate in the treatment of the clients. The Department will present an updated report to the Commission on the program and fiscal planning at its first meeting in August.

SAN FRANCISCO GENERAL HOSPITAL

-Update on Researchers Test of RU-486: Following the announcement on May 3 that researchers at SFGH would launch the first clinical trial in the U.S. involving the use of the French drug RU-486 for fertility control since 1990, the media response has been overwhelming. The publicity surrounding the trial has benefited the recruitment effort and more than 200 women have called seeking to take part in the study. Many of the callers do not qualify for the trial, which has very specific eligibility criteria. As of May 17, eight have been enrolled and have already been given the drug.

-Parking Garage: Progress continues on planning for the construction of the garage. The Board of Supervisors gave final approval to the project on May 13. The construction project was advertised for bid on May 23, and the Bureau of Architecture reports there has been much response. MUNI has started moving from the site, and will be completed with relocation by June 30. Following toxic remediation of the site, construction is scheduled to begin on November 3, 1994. The hospital will continue the process of working with local neighbors on parking and hospital related issues. Construction of the garage is projected to be completed by July 1996.

-Paramedic Division Response to Explosion: At approximately 10:00 pm on the night of June 2, 1994, DPH Paramedics responded to a building explosion on the corner of Sutter and Hyde Streets. The explosion caused the collapse of a three story apartment building. Operations went smoothly and efficiently, 4 ambulances, an Operations Supervisor, and the Medical Director were all on scene within 10 minutes. The Paramedic Communications Center coordinated the hospital notification and activation for the event. Two persons were transported to San Francisco General Hospital with minor injuries.

LAGUNA HONDA HOSPITAL

-Review of SNF Admissions: The Social Services Department at Laguna Honda Hospital has recently completed a six month review of appropriateness of admission to the Skilled Nursing Facility (SNF). During the six months from August 1, 1993 to March 31, 1994, there were 655 SNF admissions. Of these, questions about appropriateness of level of care were raised in only five patients. Three of these patients were discharged to the community. Two remain at LHH with Social Services staff continuing to work on complex discharge plans.

This is the second study in the past two years with both showing a very low rate of inappropriate patient admissions. This low rate reflects the success of Laguna Honda's admission screening process, which includes an effective working relationship with San Francisco General Hospital.

-Assistant Medical Director/Health Services Administration Degree: Don Beck, M.D., Assistant Medical Director, has been admitted to the University of Michigan's Master of Health Services Administration External Degree Program. The degree program is within the Department of Health Services Management and Policy in the School of Public Health. The external degree program, which began in 1972, trains mid-career health professionals from across the country in an intensive two-year program.

COMMUNITY PUBLIC HEALTH SERVICES

-Catholic Charities Update: The contract with Catholic Charities for the Peter Claver Community was not heard today at the Commission's Budget Committee. After consultation with the Health Commission and with Catholic Charities, the Department has put together a small working group consisting of one representative each from the Health Commission, the Department, the Catholic Charities Board of Director's, and the Catholic Charities staff in order to develop some reasonable approach to establishing compliance with Health Commission policy. The contract will be brought back to the Health Commission on June 21, hopefully with the issue on board representation and the Health Commission's policy resolved to everyone's satisfaction.

-Breast Health Day: During 1994, the Department of Public Health, in collaboration with the U.C. Mobile Mammography Van and the Women's Cancer Network, will sponsor ten Breast Health Days at seven community sites. The Department's Community Public Health Services (CPHS) has been raising funds and organizing Breast Health Days since 1987, targeting low-income women at risk for late diagnosis of breast cancer. The project has been organized through the Women's Cancer Network, of which CPHS is a founding member. Since 1992, CPHS has been the lead agency for a consortium of agencies awarded Centers for Disease Control funds through the California Department of Health Services to implement the Breast and Cervical Cancer Control Program (BCCCP) in San Francisco. The BCCCP pays for breast and cervical cancer screening at eleven clinics that can refer eligible clients for mammograms. Breast Health Days provide a focal point for community-based education, which is a major component of BCCCP.

Activities and services offered on Breast Health Days include:

- free mammograms
- instruction on breast self exams
- stop-smoking education
- nutrition education
- nurse consultation

Women who sign up are also encouraged to get a Pap smear for cervical cancer screening, preferably before Breast Health Day.

The first Breast Health Day of 1994 took place on April 30 at Health Center #1. Of 39 women who received mammograms, 25 were new DPH clients enrolled in the primary care network as a result of outreach efforts for Breast Health Day. Three abnormal results were found, all among new clients.

-AIDS Office Staff Honored: The Department is proud to announce that Tim Offutt, Program Manager and Minority Initiatives Coordinator for the AIDS Office was honored with an AIDS Hero Award at the 11th International AIDS Candlelight Memorial. The Department extends its congratulations to Tim on this well deserved recognition.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

-Mission Crisis Center: Mission Crisis has undergone a steady decline in its function over the last several years due to staff reassignments or vacancy deletions under the pressure of ongoing city budget deficits. The result is that the unit has been left with only a 2.0 FTE non-MD capacity. The unit has functionally ceased to operate as a crisis service. While still seeing an occasional acutely, agitated patient, with reduced staffing, in the course of the last year the unit has witnessed a series of serious assaultive incidents. As a policy issue, it is time to formally acknowledge that Mission Crisis cannot continue to function as a crisis unit, at least not without a significant augmentation of staff. Accordingly we have reduced weekend and late evening hours. The Department is evaluating the redesignation of the program and eliminating its crisis mission.

Mission Crisis staff have been integrated, and will continue to be integrated, into the rest of the 111 Potrero Outpatient Program and its work. Mission Crisis staff is now available for evaluations, case management, coordination of services, and ongoing treatment. With the change in the program's staffing, the remaining staff will continue to serve as the backbone of much needed urgent care services for the Mission Integrated Service Center. It is the work of urgent care to promptly attend deteriorating patients, offering brief treatment, case management, linkage to residential services; and other needed services, in order to prevent hospitalizations.

5) CONSIDERATION OF APPROVAL OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1994-95

Jeff Jue, Deputy Director of DMS, presented the Action Plan for FY 1994-95, which describes major developments and activities for FY 1992-93 and FY 1993-94, as well as action i items for FY 1994-95 in areas of services, management, and facilities. For a copy of the plan, contact the Commission Office (554-2666).
Commissioner Kaufman emphasized the importance of collaboration (i.e. - the three Advisory Boards working together) and measurable outcomes.

Commissioner Castaneda commended the Department for its hard work on this plan.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Paras) approved the DMS Action Plan for FY 1994-95.

6) **CONSIDERATION OF A RESOLUTION TO APPROVE FACILITY DESIGNATION FOR INVOLUNTARY MENTAL HEALTH TREATMENT**

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Paras) adopted Resolution #28-94, "Designating Certain Facilities as Intensive Treatment Facilities Pursuant to Welfare and Institutions Code Sections 5150 and

5250; and Authoring the Director of Mental Health to Enter Into Agreements with Said Facilities", Attachment A.

7) **OTHER BUSINESS**

President Jackson requested the Commission to consider the Department's request to add an agenda item because the need to take immediate action on he item is so imperative as to threaten serious injury to the public interest if action were deferred to a subsequent special or regular meeting, and that the need for such action came to the attention of the Commission subsequent to the agenda being posted.

Dr. Mitch Katz requested the Commission to consider a resolution pertaining to FY 1994-95 renewal contracts, giving authorization to extend the terms of the FY 1993-94 contracts listed (see Attachment B) on an interim month-to-month basis at the 1993-94 or 1994-95 contract rates, whichever is lower, for a six month period or until the FY 1994-95 contracts are certified by the City Controller, whichever comes first.

Dr. Katz is requesting emergency consideration of continuation of these AIDS Office contracts because the federal funded CARE contracts must be in place by July 1, 1994. Failure to do so could result in San Francisco losing several millions of dollars of CARE funds in the next year. This is due to the fact that the Department's application is judged by how successful we are in quickly distributing funds to the community. This issue cannot be brought to the next Health Commission meeting because the Controller's Office would not be able to process the continuations of these contracts in time due to the heavy workload of the end of budget year.

Action Taken: The Commission (Jackson, Kufman, Castaneda, Paras) voted to add to the agenda the consideration of a resolution regarding AIDS contracts.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Paras) adopted Resolution #29-94, "Continuing the AIDS Office Federal Funded Care, State Funded Health Services, State Funded HIV Testing and State Funded Prevention Contracts, Attachment C.

The meeting was adjourned at 4:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-94

DESIGNATING CERTAIN FACILITIES AS INTENSIVE TREATMENT FACILITIES PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTIONS 5150 AND 5250; AND AUTHORIZING THE DIRECTOR OF MENTAL HEALTH TO ENTER INTO AGREEMENT WITH SAID FACILITIES

WHEREAS, Welfare and Institutions Code Sections 5150 and 5250 authorize Counties to designate facilities to provide 72-hour evaluation and 14-day intensive treatment to persons in need of mental health services; and,

WHEREAS, these statutes, as well as Section 821 of Title 9 of the California Code of Regulations, require in addition that such facilities be approved by the State Department of Mental Health; and,

WHEREAS, the San Francisco Division of Mental Health and Substance Abuse Services has developed an agreement for these facilities; now, therefore, be it

RESOLVED, that the Health Commission designates Langley Porter Psychiatric Institute, San Francisco General Hospital, St. Mary's Hospital and Medical Center, California Pacific Medical Center, St. Francis Memorial Hospital, Westside Community Crisis, and St. Luke's Hospital as 72-hour evaluation and 14-day intensive treatment facilities effective from July 1, 1994 through June 30, 1997, and authorizes the Deputy Director of Mental Health and Substance Abuse to enter into agreements with said facilities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 7, 1994.

Sandy Duye Mori

Sandy Duye Mori
Executive Secretary to
the Health Commission

CARE Formula (Title *Ia*) Funded Health Services Contracts (Term: 05/01/94 through 10/31/94)

18th Street Services
AIDS Benefits Counselors
AIDS Indigent Direct Services
AIDS Legal Referral Panel
Bar Association of San Francisco
Golden Gate Community;/Bridge for Kids
Coming Home Support Services
Continuum HIV Day Services
Filipino Task Force on AIDS
Home Care Companions
Instituto Familiar de la Raza
Lutheran Social Services
National Task Force on AIDS Prevention
Professional Management Development Corp.
Project Open Hand
Rose Resnick Center for the Blind
San Francisco AIDS Foundation
San Francisco Food Bank
San Francisco Suicide Prevention
Shanti Project
San Francisco Network Ministries

CARE Supplemental (Title *Ib*) Funded Health Services Contracts (Term: 07/01/94 through 12/31/94)

American College of Traditional Medicine
Ark of Refuge
Baker Places
Bayview Hunter's Point Foundation
Black Coalition on AIDS
Catholic Charities
CPMC/Children's Hospital
CPMC/Operation Concern
CPMC/Visiting Nurses & Hospice
Family Service Agency of San Francisco
GAPA Community HIV Program
Haight Ashbury Free Clinics, Inc.
Institute for Traditional Medicine
Iris Center
Larkin Street Youth Center
Lyon-Martin Women's Clinic

Maitri AIDS Hospice
Mission Neighborhood Health Center
Planned Parenthood
Salvation Army
San Francisco Community Clinic Consortium
St. Mary's Hospital
Support Center
UCSF/AIDS Health Project
UCSF/Women's Clinic
University of the Pacific/School of Dentistry
Walden House

State Funded Health Services Contracts (Term: 07/01/94 through 12/31/94)

Backer Places, Inc.
Catholic Charities
Mission Neighborhood Health Center

State Funded HIV Testing Contract (Term: 07/01/94 through 12/31/94)

UCSF/AIDS Health Project

State Funded Prevention Contracts (Term: 07/01/94 through 12/31/94)

18th Street Services
Black Coalition on AIDS
Iris Center
SF Women's Center/LYRIC

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-94

CONTINUING THE AIDS OFFICE FEDERAL FUNDED CARE STATE FUNDED HEALTH SERVICES, STATE FUNDED HIV TESTING AND STATE FUNDED PREVENTION CONTRACTS

WHEREAS, the Department of Public Health , AIDS Office, has a number of federal and state supported grants; and,

WHEREAS, without a continuation of these grants, services to clients may be compromised and contractors may experience financial hardship; and,

WHEREAS, the City may lose several millions of dollars of CARE funds in the next year if the majority of CARE contracts are not in place by July 1, 1994; now, therefore, be it

RESOLVED, that the Health Commission authorizes continuation of renewal contracts detailed to this Commission by the AIDS Office.

I hereby certify the foregoing emergency resolution was adopted by the Health Commission at its meeting on Tuesday, June 7, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

June 21, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 p.m. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF SPECIAL MEETING OF MAY 31, 1994 AND REGULAR MEETING OF JUNE 7, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda Paras)

(3.1) Consideration of a request to adjust DPH patient day rates to 1994-95 levels.

(3.2) Monthly update on SFGH Expenditures and Revenues for FY 1993-'94.

(3.3) SFGH - First Modification of Contract with Weissburg and Aronson, Inc. to add $85,000 to provide legal services for SFGH for the period of 5/1/94 through 6/30/95. (DPH contracted with Weissburg & Aronson for services totaling $19,400 in FY 1992-93).

(3.4) DMS - CMHS- Renewal Multiyear Contract and Sole Source request with Crestwood Hospitals, Inc. in the amount of $9,489,661/year to provide 24-Hour sub-acute locked treatment program for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Crestwood Hospitals, Inc., for services totaling $9,698,000 in FY 1993-94).

(3.5) DMS - CMHS- Renewal Multi-Year Contract with Arriba Juntos-IAL in the amount of $395,749/year to provide day treatment services to severely emotionally disturbed adolescents ages 12-18 for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Arriba Juntos, for services totaling $395,749 in FY 93-94).

(3.6) DMS - CMHS- Renewal Contract with St. Mary's Pharmacy Management Services, in the amount of $973,120 to provide community-based pharmacy services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary's Pharmacy Management Services, for services totaling $538,120 in FY 93-94).

(3.7) DMS - CMHS- First Modification to the Contract with Ramsell Corporation, in the amount of $165,000 to provide services as a fiscal agent for reimbursement of residential care facility operators for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Ramsell Corporation, for services totaling $1,207,463 in FY 92-93).

(3.8) DMS - CSAS - Renewal Multi-Year Contract with National Council on Alcoholism and Other Drug Addictions-Bay Area in the amount of $186,462/year to provide intervention, information, education and training services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with National Council on Alcoholism for services totaling $186,462 in FY 1993-94).

(3.9) DMS - CSAS - Renewal Multi-Year Agreement with National Council on Alcoholism and Other Drug Addictions-Bay Area to provide first offense driving-under-the influence(DUI) services for the period of July 1, 1994 through June 30, 1998.

(3.10) DMS - CSAS -First Modification to the Contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc./Dry Zone to reduce multiple offense driving-under the-influence(DUI) services for the period of July 1, 1993 through June 30, 1994.

(3.11) DMS - CSAS - Renewal Multiyear Contract with Asian American Recovery Services, Inc., in the amount of $497,874/year to provide substance abuse residential and prevention services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Asian American Recovery Services, Inc. for services totaling $814,539 in FY 1993-94).

(3.12) DMS - CSAS - Renewal Multiyear Contract with North of Market Senior Services, Inc., in the amount of $225,943/year to provide outpatient substance treatment educational services and multilingual mental health services to seniors for the period of July 1, 1994 through June 30, 1998. (DPH contracted with North of Market Senior Services, Inc. for services totaling $225,943 in FY 1993-94).

(3.13) DMS - CSAS - Renewal Multi-Year Contract with San Francisco Pretrial Diversion Project, Inc.,- Substance Abuse Referral Unit(SARU), in the amount of $59,770/year to provide referral/placement services to San Francisco County Jail inmates with substance abuse problems for the period of July 1, 1994 through June 30, 1998. (DPH contracted with San Francisco Pretrial Diversion Project, Inc., for services totaling $59,770 in FY 1993-94).

(3.14) CHS - Requesting approval to accept and expend a continuing allocation from State Department of Health Services in the amount of up to $750,000 in legalized indigent medical assistance(LIMA) funds to provide medical care services to persons legalized under the Immigration Reform and Control Act(IRCA), for the period of July 1, 1993 through June 30, 1994.

(3.15) CHS - AIDS - Sole Source and New Contract with National Task Force on AIDS Prevention in the amount of $219,658 to provide HIV/AIDS Case Management, Psycho social and Mental Health services for persons in the Native American community with HIV disease for the period of May 1, 1994 through June 30, 1996 for the sole source and .May 1, 1994 through June 30, 1995 for the contract. (DPH contracted with National Task Force on AIDS Prevention for services totaling $411,179 in FY 1993-94).

(3.16) CHS - AIDS - Modification to the Contract with Bay Area Young Positives in the amount of $10,000 to provide psycho social support and client advocacy services for the period of December 15, 1993 through June 30, 1994.

(3.17) CHS - AIDS - Renewal Contract with San Francisco AIDS Foundation HIV Prevention Project as fiscal agent for Prevention Point in the amount of $234,596 to provide a community based HIV prevention education program to persons who inject drugs in San Francisco for the period of July 1, 1994 through June 30, 1995. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,657,252 in FY 1993-94).

(3.18) CHS - Homeless - Reconsideration of Multi-Year Contract Renewal with Catholic Charities in the amount of $412,118 to provide residential and case management services for homeless persons with AIDS for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Catholic Charities for services totaling $1,128,425 in FY 1992-93).

4. DIRECTOR'S REPORT
(Sandra Hernández, M.D., Director of Public Health)

5. CONSIDERATION OF 1994 AMENDMENTS TO THE SFGH MEDICAL STAFF BYLAWS

6. REPORT ON THE IMPACT ON SERVICE CUTS IN RELATION TO THE DEPARTMENT OF PUBLIC HEALTH HIRING PLAN

7. PRESENTATION ON POLICIES REGARDING THE SFGH CLINICAL PRACTICE GROUP (CPG) AND THE PHYSICIAN (PROVIDER) HOSPITAL (HEALTH DEPARTMENT) ORGANIZATION (PHO)

8. PRESENTATION BY DEPARTMENT OF PUBLIC HEALTH TOBACCO FREE PROJECTS

9. OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 21, 1994
3:00 p.m.
at
101 Grove Street, Room #300

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:15 p.m.

Present: Commissioner Edward A Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Keith I. Marton, M.D.

2. APPROVAL OF MINUTES OF SPECIAL MEETING OF MAY 31, 1994 AND REGULAR MEETING OF JUNE 7, 1994

Action Taken: The Commission adopted the minutes of May 31, 1994, with the correction from Commissioner Chow that the minutes reflect a "special" meeting. The Commission adopted the minutes of June 7, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) Consideration of a request to adjust DPH patient day rates to 1994-95 levels.

The ambulance rates are being requested to be retroactively aproved from April 1994.

(3.2) Monthly update on SFGH Expenditures and Revenues for FY 1993-'94.

Commissioner Paras requested that from July 1994 San Francisco General Hospital will be requested to report on quarterly basis.

(3.3) SFGH - First Modification of Contract with Weissburg and Aronson, Inc. to add $85,000 to provide legal services for SFGH for the period of 5/1/94 through 6/30/95.((DPH contracted with Weissburg & Aronson for services totaling $19,400 in FY 1992-93).

Commissioner Paras stated that the contractor needs to wrok on its affirmative action program, especially if future contracts are considered.

(3.4) DMS - CMHS- Renewal Multiyear Contract and Sole Source request with Crestwood Hospitals, Inc. in the amount of $9,489,661/year to provide 24-Hour sub-acute locked treatment program for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Crestwood Hospitals, Inc., for services totaling $9,698,000 in FY 1993-94).

Commissioners thanked the contractor for responding to the affirmative action policy for its Board of Directors.

(3.5) DMS - CMHS- Renewal Multi-Year Contract with Arriba Juntos-IAL in the amount of $395,749/year to provide day treatment services to severely emotionally disturbed adolescents ages 12-18 for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Arriba Juntos, for services totaling $395,749 in FY 1993-94).

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Dr. Bob Prentice reported that there was mutual agreement between the Commission and the Catholic Charities Board whereby a letter from the Board to the Commission would indicate the following points:

a) Commitment to diversity.
b) Recruitment of openly gays/lesbians to the Board.
c) The numbers of gays/lesbians would not be necessary to document.
e) No necessity to ask Board members their sexual orientation.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

UPDATE ON STATE BUDGET

- Governor's Budget: On June 13, 1994, the Governor released revisions to the FY 1994-95 State budget. The Governor is proposing additional budget reductions that could result in the loss of $12 - $15 million in revenues for the Department of Public Health. The proposed reductions would significantly reduce preventive health care services, primary care, mental health and emergency/acute care services at SFGH, and severely threaten the viability of public hospitals.

  The Governor is proposing the following reductions which will directly impact the Health Department:

  - SB 855: The Governor is proposing to retain an additional $120 million in SB 855 intergovernmental transfer payments to continue funding optional Medi-Cal eligibles. The Department estimates that this proposal could result in a $7 - $9 million loss to San Francisco General Hospital. SB 855 dollars are used to provide health services to the Medi-Cal and indigent populations. Without these funds, the hospital would eliminate a majority of its outpatient services to uninsured populations. In addition, this revenue loss will threaten the hospital's ability to provide emergency and trauma services to the indigent, residents and visitors.
  - SB 910: State retains one-third ($165 million) of the SB 910 federal matching funds to maintain certain optional eligibles and benefits under the Medi-Cal program. This proposal will result in a $1 million loss to the County. SB 910 funds administrative case management activities within Community Health Service and the Division of Mental Health, Substance Abuse and Forensics. Without these revenues, additional general fund support will be needed to

continue providing the same level of service or service reductions would be required in these areas.

- Medi-Cal Prescriptions: This proposal would limit the number of Medi-Cal prescriptions per eligible client to six per month. If a patient requires more than six prescriptions, then the physician would be required to submit a Treatment Authorization Request for approval. While this proposal will have a minimal financial impact on the Department ($100,000), it does increase workload and may unnecessarily delay the dispensing of medications to patients.

- Reduce Pharmacy Dispensing Fee: Under this proposal, the State would reduce the dispensing fee given to Medi-Cal pharmacists from $4.05 to $3.00 per prescription. The primary impact of this would be to further limit the availability of Medi-Cal dispensing pharmacists. If this occurs, more Medi-Cal recipients are likely to go to San Francisco General Hospital to have their prescriptions filled. This will increase demand and waiting times at SFGH's pharmacy. The financial impact of this proposal on the Department is estimated to be $98,000.

- Limit Medi-Cal Eligibility for Sponsored Aliens: The Governor proposes to bar sponsored aliens from receiving Medi-Cal services for the first five years. The sponsor would assume responsibility for financing the health care needs of these individuals. State and federal law would have to be changed to implement this proposal. The Department estimates that it receives $1 million a year in reimbursements from the provision of services to sponsored aliens. The majority of these services are delivered at San Francisco General Hospital.

- Targeted Medi-Cal Fraud: The Governor is proposing to increase the number of Medi-Cal fraud investigators to reduce the incidence of fraudulent Medi-Cal eligibility. San Francisco will not be impacted by this proposal since it is not one of the counties targeted for additional fraud investigation activities.

In addition to these new budget reductions, the Governor is still proposing to eliminate nine optional Medi-Cal benefits and eliminate prenatal services to undocumented women. The nine optional benefits slated for elimination are: acupuncture, adult dental, chiropractic, independent rehabilitation, medical supplies, non-emergency transportation, podiatry, psychology and speech/audiology. The elimination of the optional Medi-Cal benefits could result in a $2 - $3 million loss in revenues which help defray the cost of providing these services. Elimination of these services would reduce preventive care and increase the risk of poor health outcomes.

The elimination of prenatal services for undocumented women will greatly increase the risk of low-birth weight among infants born to these women. Low birth weight babies are at higher risk for health complications. Studies have clearly documented the positive correlation between routine prenatal care and the delivery of healthier

babies. By eliminating these services, the State is effectively taking a step back in ensuring healthy outcomes for infants.

The Governor and the Legislature are currently debating these, and other, proposed service reductions. We obviously hope that none of these reductions are approved. The situation is very dynamic in Sacramento, but I will keep the Commission informed of any new developments as they occur.

I will be in Sacramento tomorrow to meet with officials at the Department of Health Services regarding managed care. I have also scheduled meetings with State legislators to inform them of the impacts of the Governor's proposed health cuts on San Francisco.

DPH 1994-95 PROPOSED BUDGET

- Update on Board of Supervisors' Hearings: On Thursday, June 23, 1994, the Budget Committee of the Board of Supervisors will hold its budget hearing on the Department of Public Health's 1994-95 budget. The hearing is scheduled to begin at 1:30 p.m. At this hearing, the Department will present its budget and respond to any budget recommendations put forth by the Budget Analyst's Office. In addition, the Budget Committee will take public testimony on the Department's budget on Saturday, June 25, 1994. Public testimony on human welfare and community health issues will be taken from 11 a.m. to 1 p.m.

- Beilenson Hearing: The Clerk of the Board has given formal notice that the Department's Beilenson Hearing will be conducted before the Board of Supervisors on Monday June 27, at 4 p.m. As you are aware, the Board of Supervisors is required, by State law, to conduct these hearings prior to the adoption of the annual budget if the County proposes eliminating and/or reducing health care services.

- Increased Library Funding: Yesterday, the Mayor's Office submitted two scenarios to provide an additional $13.7 million mandated by Proposition E to the Board of Supervisors. In Option #1, the general fund support for adult mental health services would be reduced by $1.4 million. In Option #2, the general fund support for adult mental health services would be reduced by $6.1 million. While the Board took no formal action on these options, neither the Mayor's Office nor the Board seem inclined to pursuing this type of general fund reallocation.

- Update on Consolidation of Environmental Health & Toxic Services: Last week a hearing was held before the Health and Public Safety Committee of the Board of Supervisors on the Department's plan for consolidation of the Environmental Health and Toxics units.

  A number of important issues and concerns were raised at that hearing by community groups and advocates for Toxic services. Regrettably, there is a misperception that this consolidation will reduce and/or eliminate the Department's

capability to respond to toxic issues in San Francisco. As the Commission is aware this consolidation has as its major objectives in FY 1994-95:

- QA/QC programs to evaluate, ensure, and continually improve upon the delivery of an established level of service to meet consumer needs and regulatory requirements;

- Training programs to optimize cross-training within programs in the development of multi-disciplinary "super" inspectors to provide single inspections for multiple regulatory issues;

- Establishment of a Task Force to develop, implement, and monitor the progress of the Consolidation Implementation Plan;

- Evaluate continuing consolidation plan when physical centralization occurs.

The Department believes that these objectives are worth pursuing as a matter of policy. However, it is critical that we move ahead only after interested and concerned community groups and relevant advisory committees have had their concerns addressed by the Department.

Accordingly, the Department will defer actual programmatic implementation of this consolidation to allow for thorough community input and feedback. The Department will report back to the Commission on the outcome of this process including any possible improvements to the consolidation effort at its first meeting in August.

At the direction of the Commission, the Department will however not amend the budgetary reductions as outlined in our budget submission to the Mayor and the Board of Supervisors.

Dr. Larry Meredith will provide Executive Staff supervision during this interim period and will facilitate the community process noted above.

REGISTERED NURSES AGREEMENT

- Two Year MOU: The City and the Department have reached an agreement with the Registered Nurses covering two years from July 1, 19094 - June 30, 1996. The nurses have agreed to a wage freeze in the first year of the MOU and a 2% increase in the second year. The nurses have also agreed to phase out the Baylor Plan and the 10 hour shifts in the jails. This agreement allows the Department to contain costs and also enhance job security for our nurses.

I would like to take this opportunity to thank our registered nurses and Local 790 for joining with us in our efforts to create a cost effective and competitive health care delivery system. I would also like to thank Mr. Ed Gazzano and the Department's Negotiating Team for spending many long hours in working out this agreement. The following are additional details of the two year MOU:

Term:	Two years - July 1, 1994 to June 30, 1996
Wages:	0% effective July 1, 1994 2% effective July 1, 1995
Retirement Pick-up:	1% effective January 1, 1995 2% effective July 1, 1995
Baylor Plan:	Eliminated effective July 1, 1994
Ten Hour Shifts:	Eliminited effective January 1, 1995
Conditional No Layoffs:	First year of the Contract only, as a side letter agreement
Skill Mix:	The Department and the nurses have agreed to jointly look at issues regarding the subject of skill mix.
Cross-training:	The nurses will be offered an increased opportunity in flexibility. A pilot cross-training program gives nurses a chance to cross-orient to other services when census is low on their own unit.
Seniority:	Seniority has been improved to include department-wide seniority, increasing the opportunity for nurses to move within the Department without loss of seniority.
Reassignment:	The nurses will be offered greater opportunity to reassign to other areas of interest in the Department.
Committee Structure:	The Department and the nurses have jointly agreed to consolidate existing committees and create a Joint
RN-DPH	Committee to discuss and resolve issues of mutual interest including health care reform.

SAN FRANCISCO GENERAL HOSPITAL

- SFGH Parking Garage: In progress related to the SFGH Parking Garage, the hospital hosted a community meeting on Thursday, June 16 to discuss the development of residential permit parking (RPP program) in the neighborhood around the SFGH Medical Center. While the meeting was filled with lively debate, the community has organized a process for designing an RPP program, and SFGH will continue to host the process.

  In addition, a small group of local media and community representatives held a brief celebration on the Muni facility site in recognition of the fact that Muni is actively moving off the site.

- Focus Survey: Following the JCAHO focused visit in December 1993, a repeat survey was scheduled for May 1994 in order to evaluate compliance with Type I recommendations received in the areas of Safety Management and Administration. In March, a written report of the hospital's progress in these two areas was submitted with a formal request that the report be accepted in lieu of a focused visit, to save the expense incurred by an additional Joint Commission Survey. The hospital was recently informed that JCAHO has accepted the written program revisions and that the focused visit will not be conducted.

- Faculty Award: Dr. David Grimes, SFGH Chief of Obstetrics, Gynecology and Reproductive Services and the lead investigator of RU 486, recently received the UCSF Senate Faculty Award for Excellence in Teaching. He was selected for this prestigious award by other physicians and researchers in the UCSF Faculty Senate.

COMMUNITY PUBLIC HEALTH SERVICES

- Population-Based Study of Epidemiology of TB in San Francisco: The New England Journal of Medicine published an article in the June 16, 1994 issue which describes the result of DNA fingerprinting of the 1991 and 1992 TB cases for San Francisco. This study suggests that about 30% of TB cases are new infections as opposed to reactivation of old, latent infection. This is about three times the common assumption of 10%, and means that TB control is even more important in reducing numbers of cases than was previously believed. Furthermore, the study reveals that contact investigation as previously done, is inadequate for TB control in homeless and substance abusing populations. The study was conducted collaboratively by Stanford University, UCSF, and the San Francisco Department of Public Health.

  The Department has solicited the collaboration of the American Lung Association and UCSF to improve the effectiveness of contact investigation techniques through improved staff training and new approaches. The Model TB Center will investigate environmental controls as a way to reduce TB transmission in these at risk groups. This new information offers the ability to improve TB control.

  As a result of the findings of this study, the DPH TB Control Program has taken the following action:

  - Initiated a policy of directly observed therapy for all patients with TB who are likely to be infectious;

  - Applied and was awarded a grant from CDC to develop a model TB Center, which includes a training center as well as a team that will provide TB transmission hazard evaluation, and recommendations for engineering controls to decrease the likelihood of TB transmission in shelters, clinics, health care institutions and correctional facilities;

  - Developed a disease control investigator training manual with emphasis on contact investigation in homeless and/or substance abusing populations;
  - Begun collaboration with UCSF on a study of intensified epidemiological investigation to determine what interventions are productive in eliciting more contacts for screening, and to investigate the obstacles to effective contact evaluation.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Temporary Closure of Westside Crisis: Due to the need to install a mandatory sprinkler system as a condition for clinic license, Westside Crisis and Outpatient Clinics will be closed as follows:

Crisis Services: Closed from Saturday June 18 through Friday, June 24, 1994.

Outpatient Services: Outpatient and medication services to scheduled clients will be provided on:

Monday 6/20/94
Tuesday 6/21/94
Wednesday 6/22/94
Thursday 6/23/94
Friday 6/24/94

Outpatient services will be closed from Friday June 24 through Monday, June 27, 1994.

Contingency plans have been developed jointly by Westside and Psychiatric Emergency Services (PES). Staff from Westside will be reassigned to PES to cover volume demands, as well as to Mission Crisis, should the need arise. Westside will be fully operational on Tuesday June 28, 1994.

- Asset Forfeit Seizure Funds: The Asset Forfeit Seizure refunding is at a critical juncture in Washington as well as locally. In Washington, the Office of National Drug Control Policy (ONDCP) is prioritizing funds that will become available on July 1, 1994. Dr. Lee Brown, the Drug Czar, has indicated that the San Francisco treatment programs would be among the prioritized items.

  Dr. Wayne Clark met with the affected contractors on May 23 to provide information on recent developments in Washington and the shortfall that would occur in 1994-95 allocations. In order to avoid an interruption of services on July 1st, the Department has negotiated a contractual arrangement with affected providers to continue services utilizing other funding streams. The contractors agreed to accept the risk of at least the first thirty days of FY 1994-95 without the additional federal funding. CSAS is convening another meeting within the next ten days with a progress report.

- Three Tiered Residential Treatment for Homeless Substance Abusers: On June 16, 1994 a letter was sent to Walden House stating that due to an inability to guarantee operating revenues, CSAS would not be able to assist Walden House in securing bond financing. The consequence of this notification is that the acquisition of 400 Alabama Street is halted. There is now some concern that the $4 million in capital funds allocated for this project by HUD might be jeopardized.

  Since CSAS has not yet been able to secure future funds for current services (loss of Asset Forfeit Seizure Funds), there was no alternative to but to inform Walden House of the inability to assist in guaranteeing future operating revenues for this new capital project that was to be funded through the bond. Without bond financing, the 400 Alabama project is no longer viable. CSAS and the Mayor's

Office are currently reviewing alternative sites for implementing the three tiered residential treatment center for homeless substance abusers in other locations. Additional community input is being encouraged in the site selection process.

MAY STATISTICS

AIDS Statistics (from 7/1/81 to 5/31/94)

Total San Francisco cases:	19,602
Total San Francisco deaths	12,482
Total S.F. for March	*214
Total S.F. deaths for March	133

*Includes 174 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	274
Newborn Nursery:	17
Actual Patient Days (except newborns)	8,480
Newborn Nursery:	531
Admissions (except newborns):	1,394
Newborn Nursery:	133
Average Length of Stay (except newborns):	8
Newborn Nursery:	4
Discharge Patient Days (except newborns):	7,875
Newborn Nursery:	474
Discharges (except newborns):	1,375
Newborn Nursery:	124

Outpatient Visits

Primary Health	
Family Health:	3,171
General Medicine:	2,009
Pediatric:	2,701
OB/GYN:	1,916
Specialty Clinics:	9,745

Non-admit Emergency Visits

Emergency Room:	4921
Psychiatric Emergency Services:	450
Psychiatric Emergency Consults:	N/A

Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	8
Clarendon Hall:	164
AIDS/Hospice SNF:	26

Mental Health

SFGH/Acute Psychiatric Beds:	78
(13 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	7

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,157
Health Center #2:	488
Health Center #3:	823

Health Center #4:	977
Health Center #5:	954
Tom Waddell Clinic:	2,979
Potrero Hill Health Center:	526
Southeast Health Center:	535
Special Programs for Youth:	2,193
TOTAL VISITS:	10,632

Disease Control

TB Clinic:	1,883
City Clinic:	1,808

Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 5/28/94			*Year-to-Date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	167	425	184	809	2812	1114
Campylobacteriosis	50	48	62	260	238	218
Giardiasis	16	20	30	127	113	145
Hepatitis A	20	16	13	195	94	65
Hepatitis B	5	5	8	36	28	30
Salmonella	10	12	12	62	83	60
Shigella	22	20	11	113	88	65
TB	33	30	26	163	149	122
Gonorrhea	189	184	248	1183	967	891
Syphilis	15	11	10	180	64	40

* Resident cases only.

CREDENTIALING ACTION

San Francisco General Hospital: On behalf of the governing body, the following appointments and reappointments of SFGH Medical Staff were approved during May:

Appointments to the Active Staff:	1
Reappointments to the Active Staff:	2
Appointments to the Courtesy Staff:	5
Reappointments to the Courtesy Staff:	10
Appointments to the Affiliated Staff:	0
Reappointments to the Affiliated Staff:	3

Details are available in the Commission Office.

Laguna Honda Hospital: On behalf of the governing body, I approved medical staff applications for 4 physicians in May.

Details are available in the Commission Office.

5. **CONSIDERATION OF 1994 AMENDMENTS TO THE SFGH MEDICAL STAFF BYLAWS**

Dr. Richard Fine presented the proposed amendments, which have been recommended from the Joint Conference Committee of San Francisco General Hospital and the Medical staff of San Francisco General Hospital.

Action Taken: The Commissioners (Jackson, Kaufman, Chow, Paras) approved the 1994 amendments to the San Francisco General Hospital Medical Staff Bylaws.

Commissioner Paras pointed out that these Bylaws will be amended at a later date to address managed care.

6. REPORT ON THE IMPACT ON SERVICE CUTS IN RELATION TO THE DEPARTMENT OF PUBLIC HEALTH HIRING PLAN

Tangerine Brigham, Department of Public Health Budget staff, reported on the impact of increased salary savings on service capacity (Attachment A).

Dr. Hernández emphasized the importance of management flexibility in its hiring and staffing, which has been discussied with the Mayor's Office.

7. PRESENTATION ON POLICIES REGARDING THE SFGH CLINICAL PRACTICE GROUP (CPG) AND THE PHYSICIAN (PROVIDER) HOSPITAL (HEALTH DEPARTMENT) ORGANIZATION (PHO)

Richard Cordova, San Francisco General Hospital Executive Administrator, and Dr. Elliot Rapaport, Dean's Office, made a presentation on how the Department is preparing for managed care pursuant to the Department's strategic direction, primary care integration, and the San Francisco General Hospital strategic plan. For a detailed report, contact the Commission Office (554-2666).

The presentation included:

a) Description of the development of the Clinical Practice Group (CPG) and the Provider - Health Department Organization (PHO), the two groups that are working with the Department's Steering Committee in recommending how the Department will contract with payers and other providers in a managed care environment.

b) Description of the organizational structure of the CPG and PHO (Attachment B), depicting the Department as a single, comprehensive, integrated delivery system that includes primary care and clinics which feed into hospital-based specialty clinics and an acute care hospital, all of which can act as a single contracting unit.

C) The implications of the CPG and PHO in regard to managed care, or "at-risk," contracting

Dr. Hernández recommended to the Commission that the Department come back to the Commission the with a proposed resolution with principles around the CPG//PHO before the end of summer, if not earlier.

8. PRESENTATION BY DEPARTMENT OF PUBLIC HEALTH TOBACCO FREE PROJECTS

Alyonik Hrushow, Department of Public Health Tobacco Project Coordinator, introduced youth representatives from the Columbia Park Boys Club in the Mission and Potrero Hill Neighborhood House. They presented their results of a survey on the levels of tobacco advertising targeting youth in Bayview, Potrero Hill, the Mission, Chinatown, the Marina, and Pacific Heights. The number of tobacco ads in low-income neighborhoods of color was much higher than the number of ads in higher income areas. Responding to the survey results, the youth designed a street poster entitled "Butt Out of San Francisco," which shows Joe Camel and Marlboro Man getting kicked off a billboard and out of the City.

Commissioners commended the youth for their effective work in taking a strong stand against tobacco advertising.

9. OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: M.P.R. Howard opposed residential parking permits near San Francisco General Hospital.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Arthur Jackson, President and
Members of the Health Commission

FROM: Sandra Hernandez, M.D.
Director of Health

RE: Impact of Increased Salary Savings on Service Capacity

DATE: June 16, 1994

In my last budget report dated May 25, 1994, I informed the Health Commission that the Mayor's Office had further reduced our general fund allocation from $108 million to $105.2 million (a $2.8 million reduction). The majority of this reduction was taken in the form of increased salary savings ($2.45 million).

The Department's primary concern with the imposition of increased salary savings was the impact that this might have on service provision. After reviewing hiring plans within each of the four divisions, the Department has determined that, overall, it will be able to continue providing the same level of service with the increased salary savings through aggressive hiring plan management. However, reduced service capacity and staff lay-offs may occur in Community Health Service as a result of the increased salary savings. In addition, the increased salary savings will continue the hiring freeze that the Department has operated under for most of the current fiscal year.

I must stress, that in order to avoid serious service reductions and staff lay-offs with the increased salary savings, the Department must be given management flexibility in its hiring and staffing. The Department will seek a cooperative arrangement with the Mayor's Office to ensure that management flexibility can be achieved.

Below I discuss the magnitude of the problem facing the Department and how each division proposes to absorb their increased salary savings to preserve services. I also highlight the management flexibility issues which will be needed to ensure continued service provision.

SALARY SAVINGS

Salary savings represent unexpended funds for employees salaries. Increased salary savings was applied to Community Health Services ($543,000), San Francisco General Hospital ($1,474,400) and the Division of Mental Health, Substance Abuse and Forensics ($439,100) for a

(415) 554-2600 101 Grove Street San Francisco, CA 94102

total of $2.45 million. The Mayor's Office did not impose additional salary savings on Laguna Honda Hospital because the hospital has a small general fund allocation for 1994-95.

The Controller's Office calculates that the additional salary savings imposed on the Department translates into approximately 55 positions (assumes an average annual salary of $44,700). In effect, the increased salary savings means that the Department no longer has enough salary dollars to support 55 employees. In the worst case scenario, the Department would have been forced to eliminate 55 positions from its 1994-95 budget. Since the majority of our staff provide direct client services, the elimination of 55 positions would have had a significant impact on service capacity and delivery.

The Department sought ways to avoid these negative impacts on services. CHS, DMSF and SFGH are proposing to aggressively manage their workforce expenditures to continue providing services within its reduced salary budget. However, even with management controls, CHS may be required to reduce services and lay-off staff.

COMMUNITY HEALTH SERVICES

Increased salary savings in CHS requires that approximately eleven more positions remain vacant, in addition to the 50 vacancies required by the regular salary savings. In order to address this increased salary savings, CHS will aggressively manage it position vacancies to achieve an optimal balance between positions dedicated to service delivery, revenue generation and administrative support. The following controls will be implemented:

- Vacant Position Review: The filling of any position will be reviewed relative to available funding and the position's critical relationship to service delivery, revenue generation and administrative support and the implementation of the Department's ongoing restructuring activities consistent with its strategic direction.

- Management Flexibility: To ensure the continued provision of services, administration will utilize a flexible right of assignment approach to fill gaps in service due to vacancies, Voluntary Time Off Programs (VTOP), reduced work week or other absences.

- Ongoing Fiscal Review: Ongoing fiscal monitoring will generate regular reports on the status of salary savings that will guide CHS's hiring plans. Should the designated salary savings level not be achieved in any quarter, a revised hiring plan will be developed and implemented. Such a revision may require a number of corrective actions including lay-offs and VTOP.

CHS's high salary savings (roughly 12%) follows a series of annual budget reductions where vacant, lower priority positions have already been eliminated from the Department's budget. As a result, the prospects for diminished service levels and layoffs in 1994-95 are highly probable with the additional salary savings requirement. Service areas which may be affected include: environmental health, toxics, primary care, public health nursing, health promotion and disease control.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE AND FORENSICS

After developing its 1994-95 personnel hiring plan and reviewing its current vacancy pool, DMSF has determined that it will be able to meet the increased salary savings requirement in Community Mental Health. However, the analysis also indicated that the additional salary savings in Community Substance Abuse Services would result in a $90,000 deficit in the division's salary account. The total impact of the salary savings on DMSF is approximately $529,100; this amount includes $439,100 in salary savings and the $90,000 deficit in Community Substance Abuse Services. The Division of Mental Health, Substance Abuse and Forensics will take the following steps to meet its increased salary savings:

- Hiring Freeze on all Mental Health and Substance Abuse Positions: DMSF has instituted a freeze on the hiring of all vacant positions. Vacant positions will be approved for hiring only if the position meets critical service needs and sufficient funding exists to support the new hire.

  Critical clinical positions will be frozen for hire pending vacancies and turnover. For example, a part-time Child Psychiatrist, a part-time Geriatric Psychiatrist and a Homeless Team Social worker are now frozen. The increased salary savings requirement will result in freezing an additional 12 clinical positions. The division's inability to hire and fill these vacancies will reduce service capacity by 800+ clients.

- Reduction in Funding for Current Positions: DMSF is currently reviewing its use of administrative staff and has recommended a reorganization which will further integrate mental health with substance abuse administration. In addition, the Division will propose changes to ensure that the organization is consistent with the new functions mandated by managed care. The division is proposing to defund two general fund positions and transfer those positions to available grant dollars. DMSF estimates salary savings of approximately $125,700 from this transfer.

SAN FRANCISCO GENERAL HOSPITAL

While the additional salary savings imposed on SFGH was $1.47 million, the Hospital is facing a $2.13 million shortfall in its salary account. The increased shortfall is because the Hospital's salary budget, as approved by the Mayor's Office, does not account for necessary hiring plans that should be implemented at SFGH to ensure the continuation of hospital services.

SFGH will manage its salary savings through the following aggressive management controls:

- Normal Hiring Delays: The City's hiring process is oftentimes delayed due to the normal approval process, which is quite lengthy. These delays result in the Hospital not expending salary dollars. The Hospital estimates that these normal delays in filling vacant positions will result in a $500,000 savings in salary expenditures.

- Planned Hiring Delays: The Hospital will delay hiring (i.e., freeze) in positions to ensure that it meets its required salary savings. This self-imposed hiring freeze will save $350,000 in salary expenditures. While this hiring freeze will be imposed throughout SFGH, the Hospital does not foresee this hiring freeze having a direct impact on patient care.

- Flexibility in Shifting from Permanent Nursing Staff to Variable Nursing Staff: Through natural attrition, SFGH will reduce its permanent nursing staff. These reductions are in keeping with the reduced census for the Hospital in fiscal year 1994-95. The Hospital estimates that it will save $650,000 in salary expenditures from not replacing vacant permanent nursing positions.

- Savings from Cost Studies in Laboratory, Housekeeping, Dietary and Other: During the 1994-95 fiscal year, DPH will work with a group of consultants to review its operations and revenue generating capabilities. The Hospital has already budgeted administrative and operating reductions as a result of this consultation for 1994-95. Upon further review, the Hospital believes that it can achieve greater efficiencies in operations than first budgeted, and thereby, reduce its operating budget. The savings will be in the areas of laboratory, housekeeping, dietary and other hospital support functions. Savings are estimated to be $630,000. The additional savings in operations can be used to offset the shortfall in the Hospital's salary account.

MANAGEMENT FLEXIBILITY TO ENSURE CONTINUED SERVICE PROVISION

The Department must achieve a total salary savings of $24.6 million (this includes the special salary savings of $2.45 million) in fiscal year 1994-95. The next page provides a breakdown of salary savings by division:

TOTAL SALARY SAVINGS BY DIVISION

Division	Salary Savings	Sal Svgs Percent	No. of Positions
CHS	$ 3,793,015	11.68%	78
DMSF	$ 3,442,836	11.46%	64
LHH	$ 5,216,724	7.31%	120
SFGH	$12,136,189	10.32%	283
Total	$24,588,764	9.78%	545

In order to meet this requirement, the Department will seek assurances from the Mayor's Office that it will be allowed management flexibility and authority. The Department's salary account is severely under-funded and managing this high salary savings will require a cooperative relationship with the Mayor's Office to ensure the continuation of services. Procedures that slow down the hiring process and restrictions on flexible use of line item appropriations have severe cost and program impacts on all four divisions. The Department operates in a very dynamic

health care environment and must respond to its operational needs through various cost-effective labor methods. It must be given flexibility to adjust to this changing environment

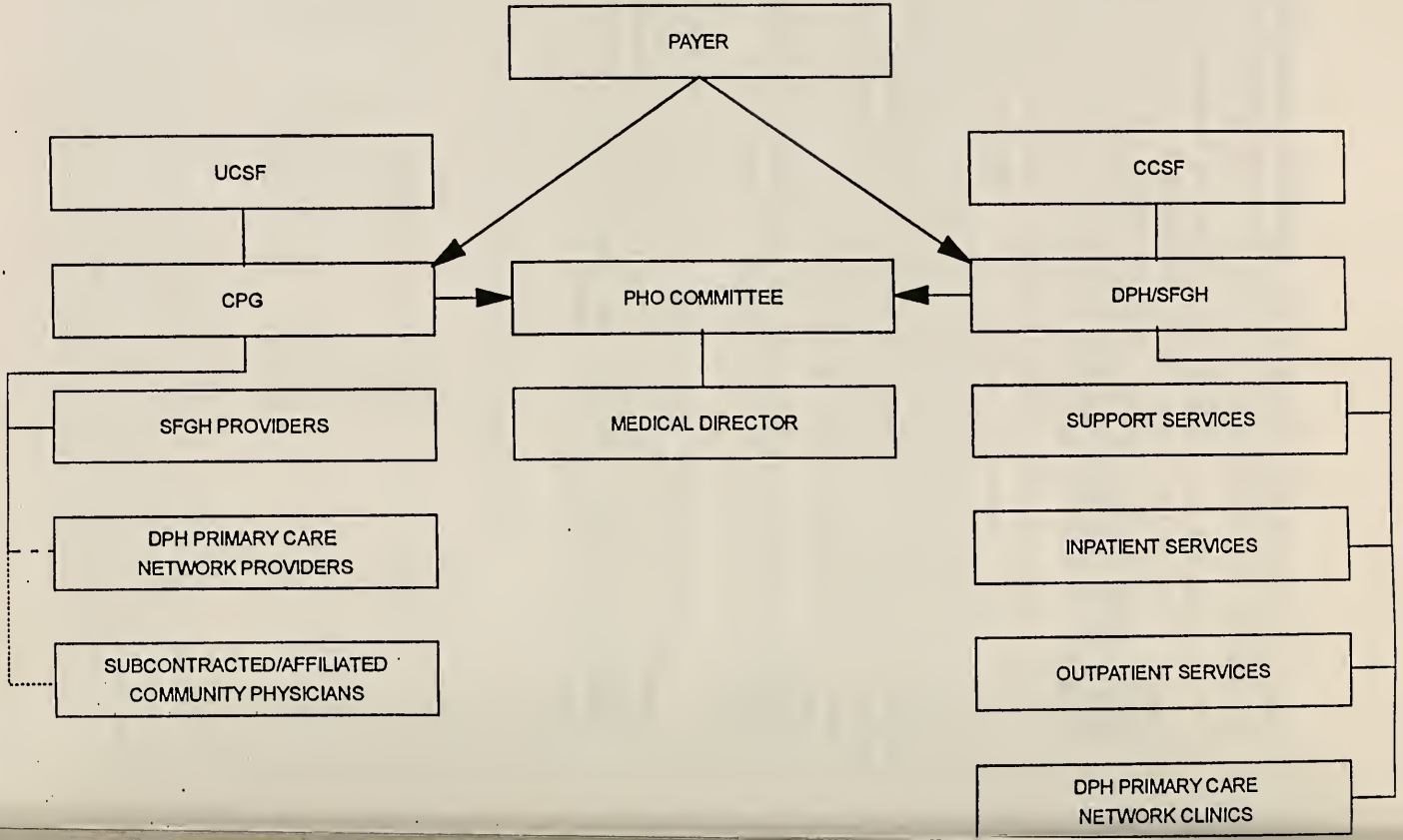
The Department will seek the following commitments from the Mayor's Office. In general, the proposals seek to reduce the amount of time required to replace and hire personnel. Hiring will only take place in positions which meet a critical need and if funding permits. Each division will monitor its personnel expenditures on a monthly basis to ensure compliance with the hiring plans. The commitments sought are as follows:

- Discontinue the hiring freeze that is currently imposed on the Department. This will enable the Department to internally manage its hiring plan.
- Provide the Department with the ability to temporarily reclassify positions upward and downward in response to changing service demands.
- Allow the Department to directly forward its personnel requisitions to Controller's Office for approval if the Department is performing within its hiring plan.
- Authorize Department of Human Resources to provide expedited classification reviews to speed up the hiring process for key positions.

These tools will enable the Department to quickly respond to changes in demand and will provide it with the flexibility needed to provide cost-effective services.

In addition, the Department will need to begin a financial feasibility study to consider contracting out non-direct services as an overall strategy for controlling salary expenditures. We also may pursue voluntary time off without pay in some units to avoid excessive expenditures from our salary accounts. The technical and logistical components of this latter mechanism require further investigation prior to implementation.

CCSF/DPH/SFGH -- UCSF/CPG
DPH PROVIDER-HEALTH DEPT. ORGANIZATION (PHO)
FOR MANAGED CARE



ATTACHMENT B
Page 1 of 1

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Sandra R. Hernandez, M.D.
Director of Public Health

AGENDA

HEALTH COMMISSION MEETING

July 5, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 21, 1993

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda Paras)

(3.1) CHS - Requesting approval to accept and expend a new grant in the amount of $1,266,382 from the State Department of Health Services, to provice case management of childhood lead poisoning activities for the period of July 1, 1994 through June 30, 1996.

(3.2) SFGH - Agreement to provide space to the SFGH Volunteers to operate a coffee and food cart run by Expresso Grego.

(3.3) SFGH - Consideration of a contract for hospital services to Medi-Cal beneficiaries referred to San Francisco General Hospital from the Solano County Partnership Health Plan.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernandez, Director of Public Health)

5) CONSIDERATION OF A RESOLUTION IN SUPPORT OF A CHARTER AMENDMENT ENABLING THE DEPARTMENT OF PUBLIC HEALTH TO BE A PREFERRED PROVIDER OF MEDICAL SERVICES UNDER THE CITY'S HEALTH PLAN

6) REPORT ON THE FAMILY MOSAIC PROJECT

7) OTHER BUSINESS/PUBLIC COMMENTS*

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margot T. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554 2666

ADDENDUM

TO

AGENDA

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JUL 05 1994
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HEALTH COMMISSION MEETING
July 5, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following item #8 is to be added to the Agenda of the Health Commission of July 5, 1994:

8) UPDATE ON POTENTIAL FURTHER REDUCTIONS TO THE DEPARTMENT OF PUBLIC HEALTH FY 1994-95 BUDGET FROM THE IMPACT OF PROPOSITION E (LIBRARY FUNDS) AND THE STATE BUDGET REDUCTIONS.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

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Commissioner

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Commissioner

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Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 5, 1994
3:00 p.m.
at
101 Grove Street, Room #300

[redacted]
DOCUMENTS DEPT.

JUL 18 1994

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

President Jackson welcomed Michael D. Shriver, the newest appointee by Mayor Jordan to the Commission.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Keith I. Marton, M.D.
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

2. APPROVAL OF MINUTES OF SPECIAL MEETING OF JUNE 21, 1994

Action Taken: The Commission adopted the minutes of June 21, 1994.

Commissioner Paras requested revision to the minutes under Item #3.18(c) of the Budget Committee to read: "Commitment to draft a letter to the Commission confirming that gays and lesbians are currently members of the Catholic Charities Board of Directors."

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) CHS - Requesting approval to accept and expend a new grant in the amount of $1,266,382 from the State Department of Health Services, to provide case management of childhood lead poisoning activities for the period of July 1, 1994 through June 30, 1996.

(3.2) SFGH - Agreement to provide space to the SFGH Volunteers to operate a coffee and food cart run by Expresso Grego.

Commissioner Paras requested a copy of the SFGH Volunteers Bylaws.

(3.3) SFGH - Consideration of a contract for hospital services to Medi-Cal beneficiaries referred to San Francisco General Hospital from the Solano County Partnership Health Plan.

The Committee recommended adoption of Resolution #30-94, "Approving a Contract Between the Solano County Partnership Health Plan and San Francisco General Hospital", (Attachment A).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

HEALTH COMMISSION

- Welcome to Commissioner Shriver: The Executive Staff joins me in officially welcoming our newest Commissioner Mike Shriver to the Department of Public Health. Many of us have worked with Commissioner Shriver on healtah care issues over the last few years, particularly related to HIV and AIDS, and look forward to the experience, knowledge, commitment, and passion that he brings to the Department of Public Health. Welcome and we look forward to this new leadership.

ADMINISTRATION

- Planning Office: With great regret I recently announced that Ms. Carol Piccione, Acting Director of Planning is taking a leave of absence from the Department for personal reasons. As Acting Director since November 1993, Ms. Piccione has provided leadership in the Planning Office as the Department has planned for health care reform both at the state and federal levels. For the past two years, Ms. Piccione has been the lead DPH staff for planning the local managed care initiative. She will be missed for the energetic assistance she has provided to me since I was appointed Director of Health.

  The Department is in the process of selecting new leadership for the Planning Office and I expect to appoint a new Assistant Director by the end of July. A civil service examination for a permanent Director of Planning will also be announced within the next few weeks. Ms. Piccione has agreed to stay on until new leadership is appointed, hopefully by the end of the month. I want to thank Carol for her outstanding contributions to the Health Department to date and wish her the best during her leave of absence.

- Lesbian/Gay Health Services Coordinator: Ms. Gloria Louie, Director of the DPH-EEO Unit, has announced the appointment of Mr. Dana Van Gorder as the new Lesbian/Gay Health

Services Coordinator for the Department of Public Health as of today. Mr. Van Gorder has assumed the duties of Ms. Carmen Vasquez who recently resigned to accept a position as Director of Planning for the New York City Lesbian/Gay Community Services Center.

Mr. Van Gorder comes to the Department with experience in providing and advocating health services to Gay and Lesbian communities nationwide, as well as a solid background in EEO and Affirmative Action. He most recently served as the legislative aide to Supervisor Migden.

- Update on Laundry Contract: The contract for laundry/linen production at SFGH began on July 1, 1994. The contract is with West Coast Valet. All laundry workers have been placed in various positions within DPH. The DPH Human Resources Department will continue to work with other city agencies for additional permanent placements.

UPDATE ON MANAGED CARE

- Managed Care Education Committee: In mid-July, the Department will be sending a letter to approximately 70,000 Medi-Cal patients of the Primary Care Network and SFGH clinics. Patients will be informed that a representative from a commercial health plan may call on them to solicit their enrollment in a health plan.

  The DPH mailing will inform patients that while they will need to choose a health plan by 1996, they do not need to make a choice at this time. If they do choose to join a commercial health plan now, they may not be eligible to receive health care from any DPH clinic.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office: The AIDS Office is proud to announce that Mr. Norman Nickens has been appointed as Assistant Director. Mr. Nickens worked for several years at the Human Rights Commission, where he was responsible for developing the anti-AIDS discrimination policies. His most recent position was Executive Assistant to the Director of the Retirement System. Norm is founder and Board President of the National Minority AIDS Council. He brings a wealth of knowledge and experience working with community based organizations to his new position.

- Vaccine Feasibility Studies: The Research Branch of the AIDS Office has been conducting a pilot vaccine feasibility study for the past year and a half. The goals of the study are to determine the rate of new HIV infection in high risk gay and bisexual men and the willingness of participants to take part in HIV vaccine trials when they are available.

  Based on their success in conducting the study, it was learned last week that the AIDS Office has made the first cut in a competitive application to be one of the national sites for a vaccine feasibility study. If funded, the grant from the National Institute of Health would allow the Department to develop the infrastructure for a vaccine trial. The investment in infrastructure will allow the rapid field testing of an HIV vaccine as soon as there is one with sufficient efficacy based on smaller trials.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Westside Chateau Fire: Westside Chateau at 827 Guerrero Street, formerly Chateau Agape, suffered serious fire damage on Friday, June 24 which forced the relocation of 25 mentally ill patients, 10 of whom have AIDS with moderate dementia. The Red Cross provided initial

temporary shelter and then discontinued their assistance. A collaborative effort of DMS administration, Westside and the Family Service Agency's Community Aftercare Program worked over the weekend following the fire to arrange alternative placements for these residents. All the residents have been placed in either temporary or permanent alternative placements. These residents lost all their personal belongings, i.e. clothing and personal care items in the fire.

Westside Chateau is a 100 year old restored Queen Anne Victorian Landmark which was converted by owners, Kathy and Leroy Looper into a unique licensed residential care facility for the mentally ill. DMS leases the facility and subcontracts to Westside to operate the program. The loss of these 25 beds comes at a time when the city mental health program is implementing program cuts including the loss of 10 beds at Napa State Hospital and 20 beds in long term care in nursing facilities. These bed losses add to the continued erosion of residential care beds which at its peak was 1,278 beds in 1978 and is currently at approximately 600 beds. Friends, family members, or former residents can call Westside Community Mental Health for information regarding the needs of these residents. Members of the public who would like to donate funds, items of clothing, furniture, or personal care items have been asked to call 431-9000.

- Camp Mather/Debriefing Services: Two staff members from the Chinatown/North Beach Mental Health Services, Ira Plotinsky, M.D., and Pauline Wan, LCSW, went to Camp Mather on June 27-28 to provide critical incident stress debriefing services to the Camp Mather staff.

  These staff volunteered in response to a request from the General Manager of the Recreation and Park Department to DMS following the sudden death of an adult camper from natural causes at Camp Mather. Camp staff had worked diligently but unsuccessfully to resuscitate the individual.

  Services were provided as a preventative measure against severe or persistent stress reactions developing among camp staff.

ENVIRONMENTAL HEALTH

- Geneva Towers Environmental Issues: Recently, some residents of the Geneva Towers Housing and Urban Development complex have been presenting complaints to the Board of Supervisors on issues related to water quality, asbestos, environmental lead, and clinical services provided by the Department of Public Health to the residents of Geneva Towers.

  In November 1993, the Department of Public Health conducted blood lead tests for the residents of Geneva Towers at the request of the Regional HUD Office following preliminary tests by HUD's consultants which showed elevated levels of lead in the project's tap water. Subsequent flushing of the water system, however, found lead levels to be within EPA standards.

  As reported to you at the time, the tests indicated that blood lead analysis showed no cause for concern based on CDC standards and there were no cases of elevated blood leads among 250 residents screened. It was also reported to you that the Department would be conducting independent testing of the lead levels in the water at Geneva Towers. Health Center #3 also began providing one half-day/per week satellite clinic services to provide evaluation and referrals of physical complaints from residents of Geneva Towers.

To date the Department has been unable to identify environmental health issues or code violations that would constitute a public health hazard or concern. Water sample analyses show that it meets all safe drinking water standards. We remain concerned, however, with the ongoing complaints of turbidity in the drinking water by some of the residents, despite not seeing such problems in any of the samples we obtained.
Arrangements have been made with Ms. Deloris Gaddies, President of the Geneva Towers Resident Council, the elected representative of the residents, to identify apartments that are experiencing problems with water clarity so that additional testing can be conducted during this week. Ms. Gaddies indicates, however, that she is not aware of any tenants having such problems.

The Department will work with the Water Department and the Department of Public Works on water-quality analysis and plumbing code compliance. These efforts will be made with the management of Geneva Towers and elected representatives of the tenants association. Primary care and clinical treatment will be provided through Health Center #3. HUD is also prepared to relocate any tenants of Geneva Towers who wish to be relocated at HUD's expense to comparable HUD residences outside of the Geneva Towers complex.

- Palace of Fine Arts Lagoon: In response to complaints received by Supervisor Conroy's office alleging sewage contamination in the lagoon at the Palace of Fine Arts, Environmental Health responded by collecting and testing representative water samples from the lagoon. Based on the results of two rounds of water sampling and testing for chemical and bacteriological contamination, there is no present evidence indicating human sewage contamination of the lagoon. These tests were conducted by two separate city laboratories, both State certified, for quality control and quality assurance. Additional sampling will continue throughout the summer and as appropriate to monitor proposed changes in the maintenance of the lagoon and to provide a higher degree of confidence that sewage is not present.

  As the result of an inter-departmental meeting held on Wednesday, June 29, 1994, it was agreed that a sanitary survey will be conducted of the sewer/storm collection and water distribution systems. Suspected cross-connections and leaks will be dye-tested by DPW and where appropriate correction action taken. The Recreation and Park Department will, through the California Conservation Corp (CCC), conduct a neighborhood door-to-door survey to solicit input from the community on the lagoon and it's quality. CCC will also be involved in physically cleaning the lagoon of debris, etc. A second inter-departmental meeting was scheduled today to further coordinate activities.

- Toxics Health and Safety Services: Staff from Toxics Health and Safety Services provided technical assistance to the District Attorney in his recent successful prosecution of two cases involving the illegal disposal of hazardous materials. One case involved the abandonment of sixteen-55 gallon drums at 16th and Harrison Streets. Several of the drums were found to contain hazardous waste. In this case, the defendant was found to be in violation of the California Health and Safety Code and was ordered to reimburse the Health Department approximately $3,000 for actual expenses. Additionally, the Department of Public Health will receive a portion of the $5,000 fine assessed by the courts. In the other case, the defendant was found guilty of illegally dumping the contents of a 55 gallon drum of hazardous waste onto a vacant lot on Newcomb Street and was sentenced to 3 years probation and 60 days in county

jail. DPH will receive $2,475 in fines plus additional program management costs associated with the clean-up of the site.

Julie Murray, the Mayor's Office Budget Analyst, stated the Mayor is committed to have the Department of Public Health keep some of its unexpected funds dependent on the citywide budget shortfall.

President Jackson announced a special Health Commission meeting for Tuesday, July 12, 1994 at 3:00 p.m., on the impact of the State budget on the Department of Public Health's 1994-95 proposed budget.

Dr. Hernández provided the following information:

In total, the County will receive $14 million less in revenues to support vital health care services. Below is a listing of the revenue shortfalls:

SB 910	$ 6.0 million
SB 855	$ 3.9 "
SB 1255	$ 1.5 "
Prop 99	$ 1.5 "
"Sponsored Aliens"	$ 1.0 "
Medi-Cal Prescriptions	$100,000
Total Anticipated Shortfall	$ 14.0 million

The Department is proposing the following options to address the State revenue shortfall:

- Citywide Issued: Establish a matter of policy that the State budget shortfall be managed as a citywide problem. The Department will work with the Mayor's Office and the Controller's Office to develop citywide strategies and propose potential solutions.

- Revenue Coordination: Coordinate revenue initiatives with other City agencies, including the Department of Social Services, the Probation Department, the Commission on Aging and the San Francisco Unified School District. These departments could bill and receive reimbursement for targeted case management services under SB 910. This could relieve part of the revenue shortfall by allowing more departments to receive these federal dollars and thereby increase City revenues. We will begin to work closely with these departments to implement this effort.

- SB 910 Contract: Revise the SB 910 contract downward to more accurately reflect actual claims expected for the fiscal year. The $6 million revenue shift for SB 910 is based on the total amount of potential billing. If the contract is adjusted downward, then the revenue shift is reduced. The contract would be amended for the 1994-95 fiscal year if the County is unable to capture SB 910 reimbursement from the agencies listed above.

- Revenue Carry Forward: Apply any 1993-94 revenues in excess of budget to offset the 1994-95 revenue shortfall. The Department anticipates that it will receive higher than budgeted revenues in SB 910, Short Doyle Medi-Cal and Medicare. In mental health, the estimated revenue surplus is $3.6 million. In addition, the Division of Mental Health recently submitted a five year retroactive SB 90 claim for children's services under SB 3632 mandates. The total SB 90 claim

was $11.6 million for the time period between 1986 and 1991. This is, of course, a one-time only revenue source.

- Service Reductions: While the Department would hope that the impact of the State budget be seen and managed on a citywide basis, if this does not occur, then the service reductions will result. Reductions would occur in primary care, outpatient, inpatient, mental health and patient support services. A $14 million revenue shortfall would result in service reductions of the following magnitude:
    - 50% reduction in psychiatric emergency services at SFGH
    - 50% reduction in outpatient services at SFGH
    - closure of at least one health center
    - elimination of various patient support services at SFGH
    - elimination of homeless and outreach services in mental health
    - significant reductions in public health nursing, and
    - reduction of support services to mental health clients in residential hotels

Dr. Hernández stated that further service reductions are not justifiable from any perspective. Outpatient services would be reduced. There would be a reduction in primary care, obstetrics, medicine, pediatrics, surgical, women's health and AIDS services at San Francisco General Hospital. These reductions would further limit preventive and primary care and would expose vulnerable populations to even higher risks of poor health outcomes.

In addition, a reduction of outpatient services would seriously jeopardize the Department's ability to compete under managed care. Under managed care, it will be essential for the Department to provide an array of outpatient services. These services will be necessary to provide primary care and early intervention levels of service which are required in a successful managed care system. Provision of these services help reduce high-cost inpatient hospitalization. Without these services, the Department will be unable to efficiently manage the health care needs of its clients and ultimately, the cost to the City for indigent care would increase exponentially. Under the State managed care plan, the indigent, the working uninsured, and the jail population would remain a County responsibility.

The Department currently does not have a plan in place to address the drastic downsizing of public health, mental health services or outpatient services at San Francisco General Hospital. The additive effect of reductions in mental health and psychiatric emergency services will be seen on our streets and in our jails. In addition, a reduction in mental health and psychiatric emergency services may result in a backup within acute care services. Clinical staff may be reluctant to discharge patients if there are no community-based outpatient service programs to refer clients to, once they are discharged.

Dr. Hernández further stated that any potential service reduction is painful, they reduce services to the most vulnerable populations -- uninsured, immigrants/undocumented and the working poor. In addition, service reductions of this magnitude will threaten the viability of San Francisco General Hospital under a managed care system.

The Department will provide the Commission with a full detail of the service reductions which may occur if the Department is asked to completely absorb the State revenue shortfall. At your direction, these service reductions will be discussed at the Special Commission Meeting on July 12, 1994.

5) **CONSIDERATION OF A RESOLUTION IN SUPPORT OF A CHARTER AMENDMENT ENABLING THE DEPARTMENT OF PUBLIC HEALTH TO BE A PREFERRED PROVIDER OF MEDICAL SERVICES UNDER THE CITY'S HEALTH PLAN.**

Action Taken: The Commission unanimously adopted Resolution #31-94, "Urging the Board of Supervisors and Mayor to Include the Repeal of Charter Section 8.430 in Any Charter Reform Package Submitted to the Voter," (Attachment B).

6) **REPORT ON THE FAMILY MOSAIC PROJECT**

Dr. Abner Boles, Director of Family Mosaic, presented an update on the project indicating the overall goals, accomplishments, preliminary outcome data and programmatic recommendations. For the full report, contact the Commission Office (554-2666).

Commissioner Kaufman, being concerned on the continuing low number of enrollees in the project , requested that quarterly reports be given to the Joint Conference Committee on Mental Health, Substance Abuse, and Forensics.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 30-94

APPROVING A CONTRACT BETWEEN THE SOLANO COUNTY PARTNERSHIP HEALTH PLAN AND SAN FRANCISCO GENERAL HOSPITAL

WHEREAS, Solano County has been designated as a County Organized Health System under the State's Medi-Cal program; and,

WHEREAS, the Solano County Partnership Health Plan became effective in May 1994, and,

WHEREAS, between ten (10) and thirty (30) Solano County residents have been treated at San Francisco General Hospital each year; and,

WHEREAS, it is to the advantage of San Francisco General Hospital to become a designated referral hospital for Solano County and to negotiate per diem rates for hospital services provided to Solano County Medi-Cal beneficiaries; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves this contract between the Solano County Partnership Health Plan and San Francisco General Hospital, and further recommends its approval to the San Francisco Board of Supervisors and the Mayor of San Francisco.

I hereby certify the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, July 5, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 31-94

URGING THE BOARD OF SUPERVISORS AND THE MAYOR TO INCLUDE THE REPEAL OF CHARTER SECTION 8.430 IN ANY CHARTER REFORM PACKAGE SUBMITTED TO THE VOTERS

WHEREAS, Charter Section 8.430 prohibits the use of City health and hospital facilities for the provision of employee health services; and,

WHEREAS, charter Section 8.430 was written in 1937 and at that time the Health Department did not bill for services and employees funded their own health benefits; and,

WHEREAS, Charter Section 8.430 is out of date and is inappropriate in today's health care environment; now, therefore, be it

RESOLVED, that the San Francisco Health Commission urges the Board of Supervisors and the Mayor to include the repeal of Charter Section 8.430 in any Charter reform package submitted to the voters

I hereby certify the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, July 5, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Margot F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

Tel.: (415) 554-2666

NOTICE FOR A SPECIAL HEALTH COMMISSION MEETING

Tuesday, July 12, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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The following will be the only item discussed at the Special Health Commission meeting on Tuesday, July 12, 1994:

CONSIDERATION OF POTENTIAL FURTHER REDUCTIONS TO THE DEPARTMENT OF PUBLIC HEALTH FY 1994-95 BUDGET FROM THE IMPACT OF THE STATE BUDGET REDUCTIONS

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, July 12, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Michael D. Shriver

CONSIDERATION OF POTENTIAL FURTHER REDUCTIONS TO THE DEPARTMENT OF PUBLIC HEALTH FY 1994-95 BUDGET FROM THE IMPACT OF THE STATE BUDGET REDUCTIONS

Dr. Sandra Hernandez, Director of Public Health, presented the Impact of the State Budget on the Department of Public Health 1994-95 Proposed Budget, (Attachment A), with the listing of the proposed service and program areas for cuts due to the State revenue shortfall, (Attachment B).

Commissioner Kaufman strongly urged the public to talk to our City Hall leaders about coming up with new revenues. However, she stressed the importance of balancing any reference to revenue increases by increased taxes with citywide solutions of any areas of potential abuse (i.e. - comp time, workmen's compensation).

The hearing had the Commission room overflowing into the hallway with children, families, patients, disabled, elderly, and health service providers.

The diversity of the speakers included:

S.F. Medical Society
League of Women Voters
Mental Health Board
Board of Education
Community-based organizations
Unions
Health Center #5 Community Advisory Board
West Bay Hospital Conference
Health professionals

Public Speakers: Each speaker opposed the proposed cuts.

Eric McDonnell, Audrey L. Smith Development Center
Steve Heilig, S.F. Medical Society
Dr. Dan Kelly, Board of Education
Jane Kahan, Mental Health Ass'n. of S.F.
Dr. Denise Rodgers, SFGH Chief of Staff
Joi J. Infante, consumer of U.C. Center on Deafness
Dr. William Tausch, SFGH Pediatrics
Dr. Dick Fine, SFGH
Dr. John Stansell
Larry Nelson, Walden House
Chris Geiger, Walden House
Larry Ukali Johnson-Redd, OMI - Pilgrim Community Center
Judith Pekarsky, Infant-Parent Program - SFGH
Laurette Spanglet
Phyllis Spanglet, Mental Health Board
Donald L. Rice, Baker Places
Mel Miles, Chair, Mental Health Board
Kashya Samuels-Ward, parent
Tom Kearney, Managing Director, Poison Center
Harold West, Shrader House
Brittly Black, SFGH, Ward 93
Margaret Bodkin, Coleman Advocates for Children
William Davis
Pamela Fischer, SFGH/CAB
Chris Carniato, STGP
Craig Thomas Nelson, Stimulant Treatment Outpatient Program
Robert Surber, SFGH Psychiatry
Tania Kostanian, Center for and by Victims of Violent Trauma

Michelle Ramirez, Walden House
Gregory Lincoln, Walden House
Katrina Powell, Walden House
Robert Woods, Walden House
Tijanna Eaton, Walden House
David Bell, Baker Places
Greg Lewis, Office of Self-Help
Rachel V. Knapp Taylor
Mark Herbst, M.D., SFGH Substance Abuse Services
Allan Brill, S.F. Interns & Residents Association
Allyson Washburn, Ph.D., League of Women Voters of S.F.
Robert L. Gallegos, Ward 93, SFGH
Eve Meyer, S.F. Suicide Prevention
Eve Milton, Potrero Hill Health Center
Anne Politeo, Health Center #5, Comm. Advisory Board
Vera Haile, NOMSS
George Dykstra, Haight Ashbury Free Clinic
Officer Lynne Torres (#1096), S.F. Police Psychiatric Liaison Unit
Doug Known, Jordan Apts.
Don Hackett, Episcopal Community Services
Herb Houston/Darryl Inaba, Haight Ashbury Free Clinic
Jorge Jimenez, Office of Self-Help
Linda Jofuku, Prof. & Tech. Engineers, Local 21
Pat Yorck, Jordan Apts.
Beth, Jordan Apts.
May, Jordan Apts.
Susan Rosenthal, SEIU Local #790
Sandie
Mr. Doe, Center for Special Problems
Daryele Perrine, Substance Abuse Services
Darwin D. Dias, S.F. Network of Mental Health Clients
Steve Leoni
Edward Stanford, Peter Claver
Brooke Ross, Conard House
Janice Cohen, Mental Health Board
K. Day, SAS
Tony Leone, President, Golden Gate Nurses Association
Bernadette Simeon, Local #535/Progress Foundation
Roy Crew, Director, Office of Self-Help
Fancher Bennett Ravson, Director, Patients Rights
Ana B., Conard House/Episcopal Sanctuary
John Gressman, S.F. Community Clinic Consortium

All of the Commissioners felt strongly about the citywide solution be the approach to this large of a deficit and that any further cuts to the Department will spiral down San Francisco General Hospital to closure and will penalize the Department's ability to accomplish managed care.

The Commissioners discussed the proposed resolution, with Commissioners Chow and Paras introducing amendments to the resolution.

Action Taken: The Commissioners (Jackson, Kaufman, Chow, Marton and Paras) adopted Resolution #32-94, "Urging the Mayor and Board of Supervisors to Seek Alternative Funding to Address the State Revenue Shortfall," (Attachment C).

Commissioner Kaufman stated she will promote the property transfer tax and encouraged her fellow Commissioners and the public to do the same.

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Arthur Jackson, President
Members of the Health Commission

FROM: Sandra R. Hernández, M.D. /SRH
Director of Health

RE: Impact of State Budget on the Department of Public Health's 1994-95 Proposed Budget

DATE: July 8, 1994

As I reported to you earlier this week, the Department's proposed 1994-95 budget is out of balance due to funding shortfalls on the state level. Under the worst case scenario, the Department faces a $14 million revenue shortfall.

The Department has detailed the potential service reductions which may occur as a result of the State budget shortfall. These reductions would take place effective September 1, 1994. Reductions would occur in primary care, outpatient, inpatient, mental health and patient support services. These service reductions would reduce services to our community's most vulnerable populations -- uninsured, immigrants/undocumented and the working poor and as such, are unjustifiable.

DPH Proposed 1994-95 Budget

The Department has been allocated $105.3 million in general funds for 1994-95 (this figure includes potential salary standarization cost increases). This represents a $15.6 million reduction (13%) in general funds from the $120.9 million allocation in 1993-94. In addition to the general fund reduction, the Department absorbed $22.2 million in unavoidable cost increases. Therefore, in actuality the Department had a $37.8 million reduction in general fund for 1994-95.

The Department achieved its general fund reduction through a combination of revenue increases ($26.1 million), operating/administrative reductions ($4.07 million), reorganizations ($2.15), increased salary savings ($2.4 million) and service reductions ($3.1 million). As I informed the Commission several meetings ago, the imposition of additional salary savings may result in reduced service capacity and staff lay-offs.

As an overview, I have attached graphical representations of the Department's $688 million budget by funding source (Attachment A) and the Department's $105 million general fund allocation by service program (Attachment B). As Attachment A indicates, the Department will receive only 15% ($105.3 million) of its revenues from the City and County. This is a significant

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reduction from previous years. In fiscal year 1991-92, the Department received 31.4% ($177.3 million) of its revenues from the City and County. The Department has successfully increased its revenues in response to shrinking general fund dollars.

Service Reductions Proposed to Meet $105.3 Million General Fund Allocation

Attachment C provides a listing of the service reductions which have already been proposed. General fund service reductions amounted to $3.1 million and service reductions due to federal and state revenues amounted to $3.5 million for a combined total of $6.6 million in service reductions. The Board of Supervisors held a Beilenson Hearing on these proposed reductions. Subsequent to the hearing, the Department was informed of the following:

- Center for Special Problems: The Board of Supervisors notified the Department that the Police Department would work order $400,000 to DPH to support the continuation of offender services at the Center for Special Problems for the first six months of fiscal year 1994-95. Therefore, an additional $400,000 is needed to continue offender services for the last six months of the fiscal year.

- Dental Services: The Board of Supervisors requested that the Department maintain dental services at Potrero Hill and Southeast Health Centers for the month of July 1994 until the Board and the Mayor finalize the Department's 1994-95 budget. These services have not been restored by the Board of Supervisors and are now scheduled to terminate effective July 29, 1994. The Department is currently expending a portion of its salary savings requirement to continue these services. The cost of continuing these services for the month of July 1994 is $35,492 ($28,925 in general funds and $6,567 in revenues).

- Federal Asset Forfeit Seizure: The Mayor's Office informed the Department that it was allocating $300,000 in unexpended City funds to continue substance abuse services provided by the 13 service providers who received Federal Asset Forfeit Seizure grant dollars. These funds will enable the Department to continue services for the month of July 1994; these services would have been eliminated effective July 1, 1994. The amount of money needed to continue these services for the remainder of the 1994-95 fiscal year is $3,022,167.

Service Reductions Proposed to Meet $14 Million State Revenue Shortfall

The Department's 1994-95 budget was predicated on aggressive revenue enhancement in order to minimize service reductions. These revenues have already been placed into the Department's proposed budget. The State budget will reduce the amount of revenues which come to the Department. Specifically, the State budget will result in a $14 million revenue loss to the Department. The Department has internally reduced this shortfall to $11.64 million by the following mechanisms:

Total State Revenue Shortfall	$14,000,000
Less: Increased SB910 billing/Title IV A	2,000,000
Less: Absorption of Prop 99 Adminstrative Reduction	200,000
Less: Transfer of positions to qualify for CHDP match	155,000
Remaining State Revenue Shortfall	$11,645,000

The Department has determined that it will be able to absorb $2 million of this amount through increased billing of administrative case management through SB910 and Title IVA(both Medi-Cal funded activities) in Mental Health. Additionally, the State's proposed $200,000 reduction in administration for Prop 99 will be absorbed by the Department. Finally, the Department will transfer $155,000 in general fund positions to the Child Health Disability Program for matching reimbursement. Therefore, after these adjustments have been made, the Department is still facing an $11.64 million revenue shortfall.

While the Department hopes that the impact of the State budget is seen and managed on a city-wide basis, we have outlined in Attachment D the potential service reductions which might occur as a result of the State revenue shortfall. Reductions are outlined in Community Health Services, the Division of Mental Health and Substance Abuse and at San Francisco General Hospital in the areas of primary care, outpatient, inpatient, mental health and patient support services.

With this significant loss of revenue, the Department is forced to consider service reductions which will have the following impacts:

- Reductions in child, homeless, housing and community support mental health services. These reductions will result in nine (9) program eliminations and four (4) program reductions. In total 3,231 persons will be affected by these service reductions.

- A drastic downsizing of outpatient services at San Francisco General Hospital in the areas of primary care, obstetrics, medicine, pediatrics, surgical, women's health and AIDS. A total of 83,399 (33%) outpatient visits would be eliminated.

- Closure of Health Center No. 5 which provides preventive and primary care services. On an annual basis, 13,000 patient encounters will be eliminated, affecting an estimated 1,190 unduplicated clients.

- Elimination of public health nursing positions. Every effort will be made to continue providing case management services using social workers and health workers.

- Jeopardizes the Department's ability to compete under managed care. As a result, the Department's payor mix would deteriorate our ability to efficiently manage the health care needs of our clients. Ultimately, the City's cost for indigent care would increase.

For the most part, the service reductions are in programs which are funded primarily through City dollars. The Department attempted to limit service reductions in programs which "draw down" federal and state revenues. However, due to the extent of the revenue shortfall, the Department could not avoid "unraveling" some vital federal and state dollars which are tied to service provision. As a result, general fund reductions in these programs result in far more extensive service reductions because these general fund dollars generate revenues. When general funds dollars are reduced, corresponding revenues are reduced.

Therefore, as Attachment D indicates, an $11.64 million general fund reduction would have a corresponding $8.96 million revenue reduction. The total impact of the State revenue shortfall on the Department is therefore $20.6 million. These service reductions will also result in staffing reductions of approximately 184.5 full-time equivalent positions.

The Provision of Health Services Is A County Obligation

In large measure, the provision of public health care services is a county responsibility. The county is responsible for responding to an array of health concerns as dictated by state statute. The county also benefits from the provision of health services by increasing the quality of life among its residents, and when services are provided on a preventive level, through reduced acute care costs. Therefore, reductions in health revenues should be seen from a county-wide perspective.

For example, under the 1994-95 State budget, counties must shift an additional $85 million to the State for the federal disproportionate share program (SB855). Of this amount, the City and County of San Francisco would be required to contribute an additional $3.9 million. Currently, the County participates in SB855 as a means of providing medical services to indigent residents. In 1993-94, the County received a net gain of $29.3 million from participating in the SB855 program. The County depends upon San Francisco General Hospital as a provider of trauma, specialty and tertiary services which are in part supported by SB855 funds. The County is required to make the additional $3.9 million payment to maintain its $29.3 million net revenue at San Francisco General Hospital.

SB 855 is both a county obligation and county benefit. But, if the Department must fund this additional obligation from its existing budget, then its only recourse would be to reduce outpatient services at San Francisco General Hospital by $3.9 million. This alone would result in a loss of 60,938 outpatient visits (a 24% reduction) to the San Francisco community and a reduction of $5.3 million in revenues. Therefore, the total impact of this general fund reduction would be a $9.2 million decrease in services. These reductions would further limit preventive and primary care and would expose vulnerable populations to even higher risks of poor health outcomes. San Francisco General Hospital estimates that 69.3 full-time equivalents would be eliminated if these reductions were to occur. In addition, these reductions would result in the laying off of 32 non-civil service employees who provide services through contract with the University of California.

This illustrates the danger in having the Department of Public Health fully absorb the $11.64 million revenue shortfall through its existing general fund allocation.

Maintenance of Effort Requirements for Proposition 99 Funds

Maintenance of effort is a legislative requirement imposed on the recipient of funds to insure that the recipient maintains the level and/or scope of current services and that the new funding does not supplant the funding of existing services. The Department has a maintenance of effort for Proposition 99 sales tax revenue (Prop 99). Prop 99 revenues support a variety of health care related services. The Department will receive an estimated $9 million in Prop 99 funds in 1994-95. In order to receive these funds, however, the Department must maintain a county

expenditure level of $133.2 million. This revenue is in jeopardy if the Department must absorb the $11.64 million revenue shortfall. Absorbing the shortfall would place the Department $1.5 million under its MOE requirement of $133.2 million. As a result, the Department would lose $1.5 million in Prop 99 sales tax revenue. The Department would again be forced to reduce services as a result of the revenue shortfall.

City Approval of the Budget.

Considering the significant adverse impact that these service reductions would have on all residents of the City. I have attached a resolution for the Health Commission's consideration reflecting this approach. The Budget Committee of the Board of Supervisors will consider the impact of the State revenue shorfall at its meeting of July 13. The full Board will consider the budget, including the State revenue shortfall at its meeting of July 18, 25 and August 1. Beilenson hearings on the impact of health service reductions have been tentatively scheduled for August 1.

INDEX OF 1994-95 DPH PROPOSED HEALTH SERVICE REDUCTIONS DUE TO STATE REVENUE SHORTFALL

Page	Description	General Fund Reduction	Revenue Reduction	Total Reduction	Total FTEs Affected
Community Health Services, CPHS					
12	Epidemiology/Disease Control	46,294	0	46,294	0
13	Haight Ashbury Free Clinic	41,667	0	41,667	0
14	Mission Neighborhood Health Center	144,167	0	144,167	0
15	North of Market Senior Center	208,333	0	208,333	0
16	Contractual Srvcs. – Pregnant Adolescents	105,153	0	105,153	0
17	Health Center No. 5	1,077,815	448,625	1,526,440	29.6
18	Public Health Nursing	221,667	0	221,667	10.0
	Total Reductions	1,845,096	448,625	2,293,721	39.6
Mental Health, Substance Abuse and Forensics					
20	UC Langley Porter Hospital	83,000	0	83,000	0
21	Audrey L. Smith Day Services	83,000	0	83,000	0
22	Episcopal Sanctuary	95,950	66,896	162,846	0
23	Multi-Service Centers	75,071	0	75,071	0
24	Swords to Plowshares	139,027	23,333	162,360	0
25	North of Market Seniors	27,216	0	27,216	0
26	Baker ALP	485,721	33,000	518,721	0
27	Conard Suppoort Hotels	647,387	166,667	814,054	0
28	Progress Supportive Living	120,405	58,346	178,751	0
29	Progress HIP	38,298	0	38,298	0
30	Office of Self-Help	106,000	0	106,000	0
31	Mental Health Board	45,000	0	45,000	0
32	Patient Rights	53,925	23,075	77,000	0
	Total	2,000,000	371,317	2,371,317	0
San Francisco General Hospital					
34	Trauma Coordinator	56,972	0	56,972	1.0
35	Patient Education Resource Center	76,211	0	76,211	1.5
36	Asian Perinatal Services	68,423	0	68,423	1.5
37	Infant Parent Program	136,915	36,667	173,582	0.0
38	Interpreters	119,705	0	119,705	4.0
39	Patient Advocates	36,878	0	36,878	1.0
40	Patient Referral	246,641	0	246,641	5.0
41	Nutrition Services	301,869	0	301,869	6.0
42	Psychiatric Emergency Services	774,256	833,333	1,607,589	16.0
43	Substance Abuse - Methadone Detox	266,451	17,862	284,313	3.5
44	Jail - Ward 7D Med/Surgical	154,086	0	154,086	3.0
45	Poison Control Center	222,879	0	222,879	3.2
46	Outpatient Services (SB1255/Prop 99)	1,437,500	1,954,102	3,391,602	29.9
46	Outpatient Services (SB 855)	3,900,000	5,301,563	9,201,563	69.3
	Total	7,798,786	8,143,527	15,942,313	144.9
	Total Proposed Service Reductions	11,643,882	8,963,469	20,607,351	184.5

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 32-94

URGING THE MAYOR AND BOARD OF SUPERVISORS TO SEEK ALTERNATIVE FUNDING TO ADDRESS THE STATE REVENUE SHORTFALL

WHEREAS, the Department of Public Health proposed a balanced budget for 1994-95 through a combination of revenue enhancements, operating/administrative reductions, structural reorganizations and service reductions; and,

WHEREAS, the Department aggressively sought revenue enhancements in the amount of $26.1 million to avoid service reductions; and,

WHEREAS, the California Legislature has adopted several revenue shift and budget reduction proposals in order to balance the State's 1994-95 fiscal year budget; and ,

WHEREAS, these various State proposals will result in a $14 million revenue shortfall for health services in the City and County of San Francisco and effectively place the City's budget in jeopardy; and,

WHEREAS, the Department of Public Health has been able to internally absorb $2.36 million of the $14 million revenue shortfall and that the remaining revenue shortfall is $11.64 million; and,

WHEREAS, fully absorbing the remaining $11.64 million State revenue shortfall within the Department's current general fund allocation would result in drastic service reductions in primary care, outpatient and patient support services at San Francisco General Hospital, mental health services and community public health services and these reductions would be disproportionately borne by the County's most vulnerable populations; and,

WHEREAS, the Department has already proposed general fund service reductions in the amount of $3.1 million in community public health and mental health services; and,

WHEREAS, additional service reductions further erode the limited service capacity to vulnerable populations at risk for poor health outcomes, run counter to the strategic direction adopted by this Commission, and compromise the Department's ability to compete under managed care; and

WHEREAS, if the Department absorbed the entire $11.64 million, the City and County would also lose an additional $ 8.94 million in other federal and state funds which are tied to service provision and, therefore, the total health service reduction for the City and County would be $20.6 million; and,

WHEREAS, the Department would be forced to eliminate 184.5 positions if it, alone, absorbed the State revenue loss; and,

WHEREAS, $3.9 million of the $11.64 million revenue shortfall is due to increased County obligation for transfer payments under the California Inpatient Medi-Cal Disproportionate Share Payment Adjustment Program (SB 855) which supplements Medi-Cal payments to county acute care hospitals and which provide disproportionate amounts of health care services to the Medi-Cal population and the indigent; and,

WHEREAS, in 1993-94, the City and County of San Francisco transferred $56.9 million and received $86.2 million for a net gain of $29.3 million in SB 855 funds for San Francisco General Hospital and the City and County would be required to contribute an additional $3.9 million in 1994-95 to maintain its $29.3 million net revenue at San Francisco General Hospital; and,

WHEREAS, all residents of the City and County of San Francisco depend upon the Department as a provider of trauma services, specialty and tertiary care services which are in part supported by SB 855 revenues; and,

WHEREAS, reductions in State revenues are inherently countywide issues which should be addressed from this perspective to maintain an essential safety net for the most vulnerable segments of our population; therefore, be it,

RESOLVED, that the Health Commission finds that additional service reductions are in conflict with the Mission Statement adopted by this Commission (Resolution No. 6-94); and be it,

FURTHER RESOLVED, that the Health Commission endorses the treatment of State revenue shortfall as a City and County responsibility distinct from the Department's 1994-95 general fund budget; and, be it,

FURTHER RESOLVED, that the Health Commission encourages the Mayor's Office, Board of Supervisors and the Controller's Office to seek alternative funding sources to address this additional City and County obligation in order to avoid additional health service reductions; and, be it

FURTHER RESOLVED, should additional general fund revenues be allocated to help alleviate this crisis in San Francisco's health service funding, our priorities for restoration are the following:

1. The restoration of all items critical to the City's safety net medical service provision, including the preservation of outpatient care and inpatient services and access programs such as translator, counseling, and education services at San Francisco General Hospital, funding for health centers, clinic services and full psychiatric emergency services.

2. Restoration of community mental health programs, substance abuse programs, and homeless programs which serve the most disadvantaged populations.

3. Restoration of all public health nursing services, dental services, and poison control center.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its special meeting of Tuesday, July 12, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Keith I. Marton, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary
[redacted]
Tel.: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

July 19, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 5, 1994**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda Paras)

(3.1) CHS - Maternal and Children Health - Renewal contract with Polaris Research & Development in the amount of $75,000, to provide perinatal incentives and market research services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Polaris Research & Development for services totaling $259,936 in FY 1993-94).

(3.2) CHS - Maternal and Children Health - Renewal contract with Mission Neighborhood Health Center, in the amount of $62,000, to provide perinatal patient assistance services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Neighborhood Health Center for services totaling $825,094 in FY 1993-94).

(3.3) DMS - CSAS - Renewal contract with Walden House, Inc., in the amount of $4,792,701 per year to provide residential substance abuse treatment services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Walden House Inc. for services totaling $5,217,669 in FY 1993-94).

(3.4) DMS - CSAS - Renewal contract with 18th Street Services, Inc., in the amount of $318,492 per year to provide outpatient substance abuse services to multicultural/multiethnic gay and bisexual men for the period of July 1, 1994 through June 30, 1998. (DPH contracted with 18th Street Services for services totaling $830,376 in FY 1993-94).

(3.5) DMS - CSAS - Renewal contract with Women's Alcoholism Center, in the amount of $835,678 per year to provide residential and outpatient substance abuse treatment services to women and their families for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Women's Alcoholism Center for services totaling $890,184 in FY 1993-94).

4) **DIRECTOR'S REPORT**
(Dr. Sandra Hernández, Director of Public Health)

5. **PRESENTATION FROM THE SENIOR SERVICES PLAN TASK FORCE AND CONSIDERATION OF A RESOLUTION SUPPORTING CONCEPTS OF THE PLAN**

6. **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES AGENCY/PARAMEDICS ISSUES:**

   A. Ambulance Site Survey
   B. Response Time Survey
   C. Paramedic Division Plan for FY 1994-95
   D. Paramedic Building Seismic Safety Issues and Lease Approval
   E. Bond Funding and Organization for 911 Consolidation
   F. Current Status and Possible Alternative for System Configuration

7. **OTHER BUSINESS/PUBLIC COMMENTS***

8. **CLOSED EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND ADMINISTRATIVE REVIEW THE PERFORMANCE OF THE DIRECTOR OF PUBLIC HEALTH.**

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove St., is wheelchair accessible through the Grove St. entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, July 19, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Keith I. Marton, M.D.
Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 19, 1994

Action Taken: The Commission unanimously adopted the minutes of July 5, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) CHS - Maternal and Children Health - Renewal contract with Polaris Research & Development in the amount of $75,000, to provide perinatal incentives and market research services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Polaris Research & Development for services totaling $259,936 in FY 1993-94).

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(3.3) DMS - CSAS - Renewal contract with Walden House, Inc., in the amount of $4,792,701 per year to provide residential substance abuse treatment services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Walden House Inc. for services totaling $5,217,669 in FY 1993-94).

The amount is adjusted to $3,986,660, reflecting the loss of Drug Forfeiture Funds and additions of a set-aside reserve by the Board of Supervisors.

(3.4) DMS - CSAS - Renewal contract with 18th Street Services, Inc., in the amount of $318,492 per year to provide outpatient substance abuse services to multicultural/multiethnic gay and bisexual men for the period of July 1, 1994 through June 30, 1998. (DPH contracted with 18th Street Services for services totaling $830,376 in FY 1993-94).

The amount is adjusted to $273,492, reflecting the loss of Drug Forfeiture Funds and addition of set-aside reserve by the Board of Supervisors.

(3.5) DMS - CSAS - Renewal contract with Women's Alcoholism Center, in the amount of $835,678 per year to provide residential and outpatient substance abuse treatment services to women and their families for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Women's Alcoholism Center for services totaling $890,184 in FY 1993-94).

Commissioner Paras expressed concern about the small number of Board members.

Action Taken: The Commission unanimously adopted the Consent Calendar of the Budget Committee.

President Jackson announced a memorial service is scheduled for former Health Commissioner Pierre R. Ludington, who died on July 13, 1994, for Saturday, July 30, 1994 at 2:00 p.m. at the Metropolitan Church, 150 Eureka Street, San Francisco.

Commissioner Marton regretfully announced his resignation from the Health Commission due to the City Attorney's advice around a San Francisco law related to conflict of interest. Commissioner Marton indicated in his resignation letter:

"As you know, I joined the Health Commission as an employee of California Pacific Medical Center and was able to serve both positions without compromising the interests of San Francisco Public Health. When I left the employ of CPMC for a position at St. Mary's Medical Center, I had no doubt I would be able to function at the same level of impartiality. However, the City Attorney's Office has informed me that the law in San Francisco will not allow that. This law seems to be more concerned with the possibility of conflict of interest than with the actuality of conflict of interest. That, by virtue of being at St. Mary's for less than three years I now find myself in a position in which I am presumed to have a conflict of interest, although I have been very careful not to participate, in any way, in any Commission business which could affect St. Mary's. It does not matter that my behavior has not changed, nor that St. Mary's has significantly fewer contracts than CPMC, nor that neither state nor federal law find fault with this situation. The City Attorney's office is very clear that my change in jobs constitutes conflict of interest as stated by San Francisco law and has advised me to either resign from my position on the

Health Commission or from my job at St. Mary's. While I have immensely enjoyed my time on the Health Commission, the need to maintain an income (among other things) has led me to choose the former option. When the legally prescribed three year wait has passed, I will be glad to once again offer my services to you and the City."

President Jackson announced that Commissioner Chow will be appointed to chair the Joint Conference Committee at San Francisco General Hospital.

4. **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernandez, Director of Public Health)

UPDATE ON DPH FY 1994-95 BUDGET

- State Revenue Loss: I am pleased to report that the Board of Supervisors, the Mayor's Office, the Controller's Office and the Department are jointly working towards possible solutions to address the $14 million State revenue shortfall. In total, a proposed $12.4 million in additional revenues and general fund dollars will be allocated to the Department of Public Health to replace the loss State revenue.

  Of that total, $6 million will be in new Department revenues that have recently been approved for State claiming. After meetings with State legislators and State Department of Health Services representatives, the Department will be able to proceed with its SB 910 claiming for hospital-based case management services (SB 910). This will be an ongoing revenue source. In addition, a recently settled lawsuit will enable the Department to obtain approximately $3 million in retroactive reimbursement for mandated mental health services (SB 90). This will be a one-time revenue source for 1994-95. The remaining $6.4 million will be additional general fund dollars re-allocated from other sources. Both the revenue and general fund proposals will require approval from the full Board of Supervisors before these funds can be applied to the Department's 1994-95 budget.

  The additional funds will enable to the Department to retain outpatient services, SFGH patient support, Health Center No. 5, mental health, and SFGH psychiatric emergency services at their current levels. In keeping with the resolution adopted by the Commission, the City treated the State revenue shortfall as a county-wide issue and proposed alternative funding sources. The burden was shared between city departments. The Department of Public Health is not the only city department with a "lean" budget. Across the board, departments are making sacrifices to preserve health services.

  Understanding the vital importance prevention plays in health care, the Fire Department stated that it would contribute a portion of its general fund to continue preventive and primary care dental services at the Potrero Hill and Southeast Health Centers. As a result, dental services were fully restored. In addition, the Police Department has agreed to contribute $500,000 to continue Public Health Nursing Services. As you are aware, the Police Department has already committed general funds to support the Center for Special Problems from July to December 1994. I would personally like to thank not only the Fire and Police Departments, but all departments for their support and cooperation during this difficult budget season.

I must emphasize that the service restorations cited above are contingent upon passage of the proposed fee increases in the Real Property Transfer Tax, and in expired parking meter and street cleaning violations. Combined, these tax increases will provide the City and County with an estimated $12.3 million in general fund dollars to support library expenditures (Proposition E) and the Municipal Railway. If these tax increases are not approved by the Board of Supervisors, the County will be forced to reallocate general funds of an equal amount to these programs or identify revenue package(s) of equal financial benefit to the City General Fund.

At the request of the Board and Mayor's Office, the Department will continue the current level of services and continue to aggressively pursue all revenue options. We will evaluate our revenue and expenditure position at the end of the first quarter of 1994-95 and report back to the Commission on the status of our budget. At that time, we may request a supplemental appropriation for additional general fund in order to balance the $1.5 million shortfall in our current operating budget.

Finally, the Department is still seeking support to continue the substance abuse treatment services which were funded by the Federal Asset Forfeit Seizure grant in 1993-94. These services have not been fully restored. The grant funds expired on June 30, 1994. The Mayor's Office is continuing the services for the month of July 1994 through unexpended funds. The Controller has identified funding for August and September 1994; the Board of Supervisors yesterday also established a $1 million reserve to continue the substance abuse services from October through December should Federal funds not be identified. The Department is in constant communication with State and Federal substance abuse officials to locate potential funding. The Department will allocate three-months' funding to substance abuse contractors in FY 1994-95 contracts providing services which were previously funded through Asset Forfeit Seizure. We will amend the contracts in the fall should additional city money from the reserve be required or Federal money becomes available to continue services for the remaining part of the year. Such contract modifications will place significant administrative burden on both our contract staff and the contract agencies.

A summary of the state revenue shortfall is attached to the Director's Report for your information.

UPDATE ON MANAGED CARE

- State Statute: AB 2755 (Lee), the State legislation that allows both Alameda County and San Francisco County to form local initiative governing structures, was passed out of the Senate Health Committee on July 6, 1994. Both Supervisor Susan Leal and I attended and testified. Amendments were accepted to our statute that 1) commit us to making every reasonable effort to obtain a Knox-Keene license within one year of the effective date of the legislation, 2) allow for one member of the governing board, selected for any of the seats as stated in our statute, to also represent the discipline of nursing and possess, or be qualified to possess, a nursing license, and 3) ensure that federally qualified health center services are made available to Medi-Cal beneficiaries, and that any reconciliation payments for cost-based reimbursement shall be made directly between the federally qualified health center and the State.

- Revised State Timeline: On June 27, 1994 the State Department of Health Services released a revised timeline for implementation of the Medi-Cal Managed Care Expansion Plan. The State

revised the timeline principally because of the large volume of comments received in response to the draft RFA for the Mainstream Plan, and to the State Work groups Summary of Policy Decisions. The Final RFA release has been rescheduled for September 30, 1994 the application due date to December 22, 1994 and the final award is scheduled for May 31, 1995. The mainstream plans will become operative on December 1, 1995. County Local Initiatives may plan to become operative before this date, on this date, or after up until April of 1996. All enrollment up to December 1, 1995 will be voluntary, and after this date will become mandatory as outlined in the State's Strategic Plan.

- Start-up Date: At its last meeting with the 13 counties on July 13, the State Department of Health Services announced that they will reconsider the order of their revised timeline, and postpone the date by which each county must notify the State of their intended start-up date for the local initiative. The revised timeline had scheduled this notification for August 1, 1994 - the State is now considering postponing this date, as requested by counties, so that selecting a date will follow the release of the Final Mainstream RFA.

- HMO Affiliation: On June 22, 1994 the Project Director of the Local Initiative, Legal Counsel, and I met with DHS to present our strategy for partnering with an HMO, as opposed to creating an entirely new HMO, in order to deliver managed care services. John Rodriguez, Deputy Director of Medical Care Services at DHS, agreed to allow us to pursue this option. At its meeting on June 27, 1994 the Local Initiative Steering Committee approved an HMO Affiliation Process and Timeline. An RFI was sent out on June 29. A sub-committee of the Steering Committee will evaluate the responses according to established criteria, select qualified respondents to participate in a presentation and interview with the sub-committee in mid-August, and the Steering Committee will select one HMO to enter into negotiations with by the first week in September.

  The San Francisco Neighborhood Legal Assistance Foundation and the Western Center for Law on Poverty have expressed opposition to the HMO affiliation strategy. Their concerns are that it is not clear who will ultimately be accountable for the actions of this partnership, and that a private HMO will not actively promote or protect the interests of traditional safety net providers and Medi-Cal beneficiaries. Local Initiative staff will work with representatives of these groups to design an affiliation strategy that addresses these concerns and ensures safety net protections.

- Beneficiary Committee: Shana Pitts, a Beneficiary Committee member, and one of the two nominated Beneficiary Committee representatives to the Local Initiative Steering Committee, submitted a letter of resignation to the Steering Committee on June 9, 1994. On June 27, 1994 the Steering Committee voted to accept the Beneficiary Committee nomination of Tony Iton, MD, JD to the Steering Committee.

NATIONAL HEALTH CARE REFORM

- Update on Clinton Health Security Plan: Despite months of difficult political and policy maneuvers Congress has shifted health care reform legislation to the forefront.

- Health Care Reform in the House: June 24, 1994, The House Education and Labor Committee became the second major committee following the Senate Labor and Human Resources

Committee to complete a markup bill. The bill was approved mostly along party lines by a vote of 26-17. Of the 90 amendments offered to the Committee's deliberations on President Clinton's health care plan HR 3600, approximately 50 were finally added to the bill. Following are a few of the amendments especially important to universities and cities.

The *Reed (D/RI) Amendment* would change the formula used to evaluate applications competing for the Annual Medical School Account from basing 75% on school size and 25% on research, to basing 60% on school size, 30% on time allotted to primary care education and 10% on biomedical research. Funding for the account would remain at $200 million.

The *Kildee (D/MI) Amendment* would protect the existence of dental clinics that currently serve low income patients by requiring the secretary of health and human services to study the effect of reform on these dental clinics. The amendment would lead to a reimbursement policy for dental school clinics who serve under-represented populations.

The *Bercerra (D/CA) Amendment* would expand the definition of academic health center to include facilities that treat or do research on cancer. This is intended to fold in the nine National Cancer Institute designated treatment centers.

The *Clay (D/MO) Amendment* would provide grants to federally qualified health centers in professional shortage area with the funds for outreach, transportation, and translation services.

On July 1, 1994 after three weeks of markup sessions, the House Ways and Means Committee finally reported a bill to the House Floor. By a vote of 20-18, Acting Chairman Sam Gibbons (D/FL) successfully delivered the sweeping reform bill. Prior to the final vote on the bill, a single-payer plan offered by Representative McDermott (D/WA) was defeated 9-29. Following are a few of the major amendments which were adopted or defeated during the tumultuous markup proceedings.

The *Grandy (R/IA) Amendment* to eliminate Title II of the bill, which requires that an employer must pay a portion of their employees health insurance premium, was defeated 20-18.

The *Thomas (R/CA) Amendment* to remove the Secretary of HHS' authority to exclude Medicare Part B and C coverage of prescription drugs for off-label use, was defeated 24-24.

The *Kleczka (D/WI) Amendment* to provide that private health plans could exclude the coverage of services to terminate pregnancy in the guaranteed national benefit package, was defeated 33-5.

The *Thomas (R/CA) Amendment* to remove the State's ability to establish a single payer health care delivery system, was defeated 22-16.

The *Brewster (D/OK) Amendment* to allow individuals in managed care programs to obtain out of network health care, was adopted by voice vote.

The *Kennelly (D/CT) Amendment* to include obstetrics and gynecology in the definition of primary care, was adopted by voice vote.

The *Rangel (D/NY) Amendment* to require Medicare Part C payments for emergency care services provided to undocumented persons. This amendment would be financed by increasing by 1% a maintenance-of-effort requirement for states, adopted by voice vote.

The *Jefferson (D/LA) Amendment* to increase the tobacco tax by 45 cents in 1995 and 1996; 25 cents in 1997; 35 cents in 1998, and 4 cents in 1999 and thereafter, was adopted 24-14.

After months of deadlock and frustration, House Energy and Commerce Chairman Dingell (D/MI) announced that the committee could not forge a majority vote on any piece of legislation.

- Health Care Reform in the Senate: The Senate Labor and Human Resources Committee chaired by Senator Kennedy(D/MA) produced the first major committee bill on June 9, 1994. Provisions of the bill include a requirement for universal coverage through an employer mandate for all firms except those with five or fewer workers and average wages of $24,000; premiums split 80% employer/20% employee. Insurance reforms include a phased in pure community rating, except for firms with 1,00 or more employees who self-insure; open enrollment, and the prohibition of pre-existing condition exclusions. Financing includes a 1% payroll assessment tax on self-insuring firms, increased cost sharing targeted small business subsidies and an increased cigarette tax.

  Provisions of the Senate Finance Committee bill include a targeted goal of 95% of the population to be insured by 2002. The employer must make insurance available to their employees, however the mandate for a premium contribution is eliminated. A National Health Commission would report biennially to Congress. If coverage is not met by 2002, the Commission would make a recommendation to Congress, and they would vote under a fast-track procedure. Firms with 100 or more employees could self-insure. Limits would be placed on pre-existing condition exclusions and a modified community rating approach would be instituted.

  Timeline: Both Committee House bills will go to the House Rules Committee to determine the final form of the legislation and which amendments may be offered on the Floor. Senate Republican Leader Robert Dole (R/KS) has been developing his own alternative health plan. To date he asserts that he has 40 out of 44 of the Senate's Republicans in support of his proposal. Although it has not been released completely, it contains no mandates , no price controls and no taxes.

  Congressional leaders hope to have bills on the Floor during the last week of July, and into Conference Committees by the first week of August. The official Summer recess is August 12th through September 12, 1994.

HEALTHY CITIES

- Report on Local Plan: In 1993 the Health Commission and the Board of Supervisors passed two Resolutions in support of San Francisco's application for designation as a California Healthy City. On December 1, 1993 our application outlining the Tenderloin Immunization Project was accepted and we were officially designated as a California Healthy City. San Francisco subsequently hosted the first International Healthy Cities Conference from December 8-11, 1993.

The Healthy Cities: Tenderloin Immunization Project is dedicated to improving immunization rates in the Tenderloin for toddlers. San Francisco's rate for on time immunizations for two-year olds is 49%. On June 4, 1994 the project conducted an immunization clinic in collaboration with St. Anthony's Clinic in the Tenderloin. Outreach flyers were developed and translated into five different languages. The free clinic was competently staffed by volunteers from DPH, St. Anthony's and the SF Rotary Club.

The project focus for the next few months includes a concentrated campaign to offer educational outreach to parents in residential hotels and providers located in the Tenderloin. Steering Committee members will be coordinating with child care centers and local elementary schools to conduct an immunization art contest; winning submissions will be incorporated into a high-end calendar and poster.

We are working out the necessary logistics for us to receive the $10,000 grant to officially implement this project. To date, the project has been carried by the dedication of the Steering Committee's government, community and private sector members and the individual financial generosity of the DPH Committee Chair. A final report on the activities associated with the Tenderloin Immunization Project will be submitted to this Commission in December, 1994.

101 GROVE RELOCATION

- Update on Seismic Upgrading: The capital project to seismically retrofit 101 Grove Street, originally scheduled to begin in July 1995, has been postponed to April, 1996. Consequently, this building will not have to be vacated until April 1996.

SAN FRANCISCO GENERAL HOSPITAL

- Top AIDS Hospital for Third Year: San Francisco General Hospital has been ranked the best AIDS hospital in the nation based on an objective ranking by U.S. News and World Report in the magazine's 1994 America's Best Hospital guide. This is the third consecutive year U.S. News has named SFGH the best in this specialty. In its fifth annual edition, U.S. News, in conjunction with the National Opinion Research Center (NORC), objectively assesses hospital care for 12 of 16 specialties, including AIDS, listed in the guide. No government agency or research group has ever done this on nationwide basis.

- HIV Urgent Care Clinic: The first weekend and holiday HIV+ Urgent Care Clinic in the Bay Area began seeing patients at San Francisco General Hospital during the 4th of July holiday weekend. The new clinic is located in the main hospital building on Ward 4C.

  The clinic's primary focus is to provide services to patients who are diagnosed with HIV infection and who usually receive their primary care from San Francisco General's Ward 86, Ward 93 the General Medical Clinic, Family Health Center and the city-supported primary care network clinics. However, care will be available to any HIV-infected patient who needs it on weekends and holidays.

  The weekend/holiday clinic will be for patients who have an urgent, rather than an emergency need to see a caregiver. Those who have real emergencies should still go to the emergency department for their care.

- UCSF Research Facility: SFGH has continued its discussions with UCSF regarding the development of the "RFI" facility, a 125,000 sq. ft. combined clinic and research building at the SFGH campus.

  The Gallo Research Center, which has an existing center at SFGH for research in neurology and the effects of alcohol on the brain, has expressed interest in expanding its research at SFGH and in participating in the facility as a developer or lead tenant. On a parallel track, medical staff at SFGH are working with the Dean's Office to identify appropriate research programs which could be relocated to or developed in the proposed facility. UCSF has not yet communicated a formal timeline or process by which the decision on the RFI will be made.

- Affiliation Agreement: At long last, there is a new University of California Affiliation Agreement with the City and County of San Francisco. The agreement was formally approved by the University Regents on Thursday, July 14, 1994. As you know, this supersedes the only previous agreement which was five pages long and drafted in 1959. The Department would like to express its deep thanks to all of the Commissioners for their strong support throughout the lengthy negotiation process.

- Department of Psychiatry Audit: Congratulations are in order for the staff of the Department of Psychiatry at SFGH and the DMS Quality Improvement Unit for a successful Short-Doyle/Medi-Cal(SD/MC) Audit. An unprecedented "o%" disallowance for a third year in a row was reported by the State Department of Mental Health's review team following an extensive review on July 11-13, 1994. The review consisted of an audit of SD/MC client records, documentation of medical necessity, billing data, and quality assurance system in an effort to identify any unwarranted payments for SD/MC services. In the exit conference, the comment was made that it was a "joy" to review a program that had achieved such a significant turn around, and that has been maintained.

- Update on City Health Plan: Supervisor Barbara Kaufman has agreed to include a provision to repeal the current Charter provision that precludes the use of City health care facilities for the provision of employee health services in any Charter Reform package that is submitted to the voters.

  Since the passage of the Charter Reform package is uncertain, the Department has also been in discussions with the City Attorney and the Mayor's Office to try to identify other means of repealing this Charter section. One option to override this section is through a State law amendment which would make it clear that county health systems can appropriately provide employee health services to county employees. A potential vehicle for this amendment is the statute for the Local Initiative which is already being considered by the State Legislature. We will keep the Commission informed on the status and progress of our efforts.

  While we are proceeding to resolve the legal and technical issue, the Health Services Department has already listed SFGH as a preferred provider for the City Health Plan in their marketing materials and has agreed to reimburse SFGH at the plan rates. Once this issue is resolved, we hope to negotiate a formal contract with Health Services through which both SFGH and the Health Centers will officially become preferred providers for the City Health Plan.

- CQI Training for Expanded Executive Staff: Forty members of the DPH Expanded Executive Staff attended a four hour training session on Continuous Quality Improvement(CQI) on July 11, 1994. The trainers were Susan Currin, RN, MS, Director of Quality Management, Alison Moed, RN, MS, and Suzanne Rosales, RN, all from the Quality Management Department at SFGH.

  The session focused on increasing awareness and understanding of CQI principles and practices with emphasis on key management behaviors required in a CQI environment. This introduction to CQI provided staff with additional knowledge and skills to assist in moving forward in our efforts to build an integrated healthcare delivery system.

LAGUNA HONDA HOSPITAL

- Appointment to Regional Organization: Mr. Dennis Sato, Laguna Honda Administrator of Information Systems, was recently selected to a second term as Chair of the Northern California Financial Management Association's Information Systems Committee. This Committee comprised of information systems professionals has a goal to improve management and information resources and systems in the delivery of healthcare services. In his position as Chair, Mr. Sato will contribute to the advancement of this goal while providing leadership within the Department of Public Health.

ENVIRONMENTAL HEALTH

- Report on Geneva Towers: A hearing was held on Tuesday, July 12 before the Health, Public Safety and Environment Committee of the Board of Supervisors to discuss the complaints of some of the tenants of the Geneva Towers concerning illnesses resulting from environmental exposures within this HUD-owned facility.

  The Department testified that blood lead testing and water sample analysis had been conducted in response to a request from HUD to determine if residents were being exposed to lead in their tap water. Results of these tests showed that no elevated blood levels were found in the 250 residents tested. Water analysis from dozens of residential apartments taken both in the early morning as well as in the afternoon met EPA safe drinking water standards with no turbidity detected. Illnesses reported by these tenants (rashes, loss of hair, discharge from eyes, etc.) are not symptoms of elevated blood levels.

  Environmental issues discovered by personnel from the Department inspecting the facility were presented to the Committee. The issues presented were a cross-connection between the potable water line and the radiant heating system, asbestos-containing materials on the rooftop posing a potential hazard to maintenance workers, but not tenants, and an inoperative ventilation system in both high-rise buildings.

  The Department recommended that the tenants with chemical symptoms utilize the clinical services established by the Department at Health Center #3 or by their own provider. This will enable the Department to better determine if any pattern exists that could be attributed to an environmental exposure which could then be addressed.

  The Committee tabled the matter to the call of the Chair.

JUNE STATISTICS

AIDS Statistics (from 7/1/81 to 6/30/94)

Total San Francisco cases:	19,740
Total San Francisco deaths	12,649
Total S.F. for June	*163
Total S.F. deaths for June	174

*Includes 135 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	250.6
Newborn Nursery:	15.2
Actual Patient Days (except newborns)	7,518
Newborn Nursery:	457
Admissions (except newborns):	1,352
Newborn Nursery:	457
Average Length of Stay (except newborns):	6.0
Newborn Nursery:	3.4
Discharge Patient Days (except newborns):	8,007
Newborn Nursery:	520
Discharges (except newborns):	1,343
Newborn Nursery:	520

Outpatient Visits

Primary Health	9,780
Family Health:	3,124
General Medicine:	2,089
Pediatric:	2,524
OB/GYN:	2,043
Specialty Clinics:	10,346

Non-admit Emergency Visits

Emergency Room:	4,865
Psychiatric Emergency Services:	371
Psychiatric Emergency Consults:	121

Laguna Honda Hospital

Average Daily Census:	1,116
Acute Services:	10
Clarendon Hall:	163
AIDS/Hospice SNF:	22

Mental Health	
SFGH/Acute Psychiatric Beds:	80
(13 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	4
CPHS - Primary Care Visits for Health Centers	
Health Center #1:	1,319
Health Center #2:	645
Health Center #3:	879
Health Center #4:	1,121
Health Center #5:	996
Tom Waddell Clinic:	2,851
Potrero Hill Health Center:	670
Southeast Health Center:	703
Special Programs for Youth:	3,046
TOTAL VISITS:	12,230
Disease Control	
TB Clinic:	1,834
City Clinic:	1,574

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 7/02/94			*Year-to Date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	167	434	170	976	3246	1284
Campylobacteriosis	91	76	72	351	314	290
Giardiasis	19	21	47	146	134	192
Hepatitis A	38	14	20	233	108	85
Hepatitis B	10	11	8	46	39	38
Salmonella	17	13	10	79	96	70
Shigella	19	19	21	132	107	86
TB	25	36	22	188	185	144
Gonorrhea	236	217	176	1419	1184	1067
Syphilis	34	18	6	214	82	46

* Resident cases only

5) PRESENTATION FROM THE SENIOR SERVICES PLAN T ASK FORCE AND CONSIDERATION OF A RESOLUTION SUPPORTING CONCEPTS OF THE PLAN

Tony Wagner, Executive Administrator of Laguna Honda Hospital and the Department's representative on the Task Force, introduced John Blumlein, former Health Commissioner and Co-Chair of the Senior Services Plan Task Force.

Mr. Blumlein described the genesis of the Task Force, the planning process, the goals of the plan, and a description of the concept of Senior Centrals. For a copy of the Executive Summary, contact the Commission Office (554-2666).

Action Taken: The Commission unanimously adopted Resolution #33-94, "Supporting the Concepts in the Plan of the Senior Services Task Force," (Attachment A)

6) PRESENTATION OF THE EMERGENCY MEDICAL SERVICES AGENCY/PARAMEDICS ISSUES.

Dr. Larry Meredith introduced Dr. Doug Goldman of the Emergency Medical Services Agency. A joint report was given from the EMS Agency and the Paramedics Division on the Emergency Medical Services System. The subjects covered included:

1. Ambulance Site Survey: Background and Awards - EMS Agency
2. Ambulance Response Time: Analysis of Standard - EMS Agency and Report of Actual Ambulance Response Times
3. Paramedic Division Plan to Improve Response Times - Paramedic Division
4. Paramedic Division Building Seismic Safety Issues - Paramedic Division
5. Consolidation Update: Bond Funding and Organization - Paramedic Division
6. EMS System Configuration: Current Status and Possible Alternatives - EMS Agency

For a copy of the full report, contact the Commission Office (554-2666).

The following ambulance providers were presented with certificates for accreditation:

Ambulance Provider	Name	Title
Bayshore Ambulance	David Bockholt	Vice President
BayStar Medical Services	Tom Wagner	Chief Executive Officer
DPH Paramedic Division	Pippa Amick	Chief Paramedic
King American Ambulance Co.	Jim DiModica	Chief Paramedic
San Francisco Ambulance Service	Richard Angotti	President

Commission Kaufman requested an EMS update be given each month at the Joint Conference Committee of Public Health, EMS, and AIDS.

Public Speakers: Terry Fotre, St. Luke's Hospital
Kim Johansen, S.F. Ambulance
Michael Callaham, M.D., S.F. Emergency Physicians
Michael Shafer, M.D., President of S.F. Emergency Physicians Assoc.
Anthony Smerdel, SFFD

7) **PUBLIC COMMENTS**

Public Speaker: Pelo Smith, California Children's Home, requested authorized payments and to have this issue on the Commission agenda. President Jackson stated he will follow up with Mr. Smith.

8) **CLOSED EXECUTIVE SESSION:**

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION #67.8(4), TO REVIEW THE PERFORMANCE OF THE DIRECTOR OF PUBLIC HEALTH.

The Commission unanimously voted to not disclose the contents of the closed Executive Session.

The meeting was adjourned at 6:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 33-94

SUPPORTING THE CONCEPTS IN THE PLAN OF THE SENIOR SERVICES TASK FORCE

WHEREAS, the 21-member San Francisco Senior Services Plan Task Force, created by the Board of Supervisors in 1992 and including seven City Departments providing services to seniors, has developed a Strategic Plan for the future; and,

WHEREAS, the Senior Services Plan Task Force has convened a series of public hearing in five neighborhoods and will appear before seven City Commissions; and,

WHEREAS, the planning process was a collaborative effort with seniors, service providers, advocates, and City Departments to assure older San Franciscans will have access to a continuum of services; therefore, be it,

RESOLVED, that the Department of Public Health and the Health Commission support the concepts in the proposed Plan, which will promote and work towards an integrated, coordinated, consumer-oriented system of senior services.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its regular meeting of Tuesday, July 19, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Zane Blaney
S.F. COMMUNITY TELEVISION CORP.
P. O. Box 427190
San Francisco, CA 94142

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

August 2, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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JUL 28 1994
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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JULY 12, 1994, AND REGULAR MEETING OF JULY 19, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda L. Paras)

(3.1) CHS - AIDS - Sole source request with Legal Services for Children, Inc., in the amount of $112,975 per year for case management services to AFDC families with disabling HIV, for the period of July 1, 1994 through June 30, 1996, and a new contract in the amount of $112,975, for the period of July 1, 1994 through June 30, 1995.

(3.2) ***CHS - AIDS*** - Renewal contract with Professional Management Development Corporation, in the amount of $2,933,091, for dispensing drugs and management of the AIDS Drug Assistance Program, for the period of May 1, 1994 through April 30, 1995. (DPH contracted with Professional Management Development Corporation for services totaling $2,417,065 in FY 1993-94).

(3.3) ***CHS - CPHS***- Renewal contract with Mission Neighborhood Health Center in the amount of $173,011 per year to provide medical services to medically indigent adults in San Francisco for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Mission Neighborhood Health Center for services totaling $825,094 in FY 1993-94).

(3.4) ***CHS - Maternal and Children Health*** - Requesting approval to apply for, accept and expend a new grant in the amount of $200,000 from the State Department of Health Services, to provide

outreach, assessment, referrals, case management and educational services to African-American pregnant women and their infants for the term of November 1, 1994 through October 31, 1995.

(3.5) ***Administration*** - Authorizing the Department of Public Health to accept and expend recurring State grants approved in the 1994-1995 fiscal year.

(3.6) ***Administration - Planning*** - Authorizing the Department of Public Health to accept and expend up to $1,137,500 from the State Department of Health Services to develop a Medi-Cal Managed Care Local Initiative for the period of June 1, 1994 through December 31, 1995 and sole source and contract approval request with Progress Foundation to act as Fiscal Agent for the Local Initiative for the period of August 1, 1994 through December 31, 1995. (DPH contracted with Progress Foundation for services totaling $3,749,603 in FY 1993-94).

(3.7) ***DMS - CMHS*** - Renewal contract with Progress Foundation in the amount of $3,855,009 per year to provide 24-hour residential care, crisis residential care, day treatment rehabilitation and case management services for the period of July 1, 1994 through June 30, 1998.

(3.8) ***DMS- CMHS*** - Sole source and renewal contract request with Ramsell Corporation dba Professional Development Management Corporation in the amount of $1,630,444 per year to act as a fiscal agent to reimburse residential care facility operators and sub-acute residential operators for clients living in certified state licensed facilities for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Ramsell Corporation for services totaling $1,330,444 in FY 1993-94).

(3.9) ***DMS - CSAS*** - Renewal contract with Iris Center: Women's Counseling and Recovery Services in the amount of $579,609 per year to provide outpatient substance abuse services to women for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Iris Center: Women's Counseling and Recovery Services for services totaling $1,053,973 in FY 1993-94).

(3.10) ***DMS - CSAS*** - Ordinance amending the S.F. Administrative Code by adding Section 1.47 authorizing the Department of Public Health to enter into an agreement with Maximus, Inc, in which the department will provide treatment referral and case management services and the City agrees to indemnify and hold Maximus harmless for any liability caused by City in performing the services..

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

5. **CONSIDERATION OF A RESOLUTION TO SUPPORT THE ESTABLISHMENT OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION**

6. **CONSIDERATION OF A RESOLUTION IN SUPPORT OF AN AMENDMENT TO THE SAN FRANCISCO ADMINISTRATION CODE WHICH AUTHORIZES THE DIRECTOR OF HEALTH, WITH THE APPROVAL OF THE HEALTH COMMISSION, TO DESIGNATE SPACE AT DEPARTMENT OF PUBLIC HEALTH FACILITIES FOR NON-PROFIT ORGANIZATIONS ESTABLISHED FOR THE**

PURPOSE OF BENEFITING THE HEALTH DEPARTMENT, ITS PATIENTS, OR ITS ACTIVITIES

7. **CONSIDERATION OF A RESOLUTION TO AMEND ARTICLE 21 OF THE HEALTH CODE REGARDING THE HAZARDOUS MATERIALS ORDINANCE, EXEMPTING MEDICAL PRACTITIONERS FROM HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION RENEWAL REQUIREMENTS, ALLOWING BUSINESSES TO DOCUMENT SELF-INSPECTIONS ON THEIR OWN FORMS, AND MAKING TECHNICAL CHANGES TO THE FEE SCHEDULE**

8. **OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 2, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Michael D. Shriver

Absent: Commissioner Melinda L. Paras

2. APPROVAL OF MINUTES OF SPECIAL MEETING OF JULY 12, 1994 AND THE REGULAR MEETING OF JULY 19, 1994

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Shriver) adopted the minutes of July 12 and July 19, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) CHS - AIDS - Sole source request with Legal Services for Children, Inc., in the amount of $112,975 per year for case management services to AFDC families with disabling HIV, for the period of July 1, 1994 through June 30, 1996, and a new contract in the amount of $112,975, for the period of July 1, 1994 through June 30, 1995.

(3.2) ***CHS - AIDS*** - Renewal contract with Professional Management Development Corporation, in the amount of $2,933,091, for dispensing drugs and management of the AIDS Drug Assistance Program, for the period of May 1, 1994 through April 30, 1995. (DPH contracted with Professional Management Development Corporation for services totaling $2,417,065 in FY 1993-94).

Commissioner Shriver will refer specific questions to the Joint Conference Committee on Public Health, AIDS, and EMS for August 19, 1994. Commissioner Jackson requested information from the JCC to be brought back to the Budget Committee.

(3.3) ***CHS - CPHS-*** Renewal contract with Mission Neighborhood Health Center in the amount of $173,011 per year to provide medical services to medically indigent adults in San Francisco for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Mission Neighborhood Health Center for services totaling $825,094 in FY 1993-94).

(3.4) ***CHS - Maternal and Children Health*** - Requesting approval to apply for, accept and expend a new grant in the amount of $200,000 from the State Department of Health Services, to provide outreach, assessment, referrals, case management and educational services to African-American pregnant women and their infants for the term of November 1, 1994 through October 31, 1995.

Commissioner Shriver requested the demographics for gays/lesbians on staff and Board of the contractor.

(3.5) ***Administration*** - Authorizing the Department of Public Health to accept and expend recurring State grants approved in the 1994-1995 fiscal year.

Over $18 million are recurring State grants.

(3.6) ***Administration - Planning*** - Authorizing the Department of Public Health to accept and expend up to $1,137,500 from the State Department of Health Services to develop a Medi-Cal Managed Care Local Initiative for the period of June 1, 1994 through December 31, 1995 and sole source and contract approval request with Progress Foundation to act as Fiscal Agent for the Local Initiative for the period of August 1, 1994 through December 31, 1995. (DPH contracted with Progress Foundation for services totaling $3,749,603 in FY 1993-94).

(3.7) ***DMS - CMHS*** - Renewal contract with Progress Foundation in the amount of $3,855,009 per year to provide 24-hour residential care, crisis residential care, day treatment rehabilitation and case management services for the period of July 1, 1994 through June 30, 1998.

(3.8) ***DMS- CMHS*** - Sole source and renewal contract request with Ramsell Corporation dba Professional Development Management Corporation in the amount of $1,630,444 per year to act as a fiscal agent to reimburse residential care facility operators and sub-acute residential operators for clients living in certified state licensed facilities for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Ramsell Corporation for services totaling $1,330,444 in FY 1993-94).

(3.9) ***DMS - CSAS*** - Renewal contract with Iris Center: Women's Counseling and Recovery Services in the amount of $579,609 per year to provide outpatient substance abuse services to women for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Iris Center: Women's Counseling and Recovery Services for services totaling $1,053,973 in FY 1993-94).

(3.10) ***DMS - CSAS*** - Ordinance amending the S.F. Administrative Code by adding Section 1.47 authorizing the Department of Public Health to enter into an agreement with Maximus, Inc, in which the

department will provide treatment referral and case management services and the City agrees to indemnify and hold Maximus harmless for any liability caused by City in performing the services.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Shriver) approved the Consent Calendar of the Budget Committee.

On behalf of the Commission and Department, President Jackson presented Dr. Keith I. Marton, who recently resigned from the Commission, with a special plaque in appreciation for his service on the Health Commission.

4. DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Public Health)

Commissioner Chow requested the issue of welfare reform proposals denying services to immigrants be calendared for the next Commission meeting. Deputy City Attorney Paula Jesson stated that the Commission cannot take specific action on ballot initiatives but can urge the Board of Supervisors and Mayor to do so, and a review of findings from the National Academy of Sciences.

Commissioner Shriver requested a report to the Commission on the status of our needle exchange program.

ADMINISTRATION

Nominations for Public Managerial Excellence Awards: I am pleased to nominate six Department of Public Health managers for the Public Managerial Excellence Awards for 1993. I believe each of the nominees meet the criteria and are worthy of consideration for the awards.

DPH Administration	Bob Prentice
DPH Operations	Abbie Yant
SF General Hospital	Gene O'Connell
Laguna Honda Hospital	Dennis Sato
Community Public Health & AIDS Office	Janet Murphy
Division of Mental Health and Substance Abuse	David Volpendesta

UPDATE ON SAN FRANCISCO FY 1994-95 BUDGET

On July 25, 1994, the Board of Supervisors adopted the City and County's 1994-95 Annual Appropriation Ordinance with an 8-2 vote. The estimated expenditure budget for the City is $3.7 billion ($1.4 billion from the General Fund). The City budget includes salary standardization adjustments for the Police and Fire Departments. Several other employee organizations have salary agreements which have not been ratified by the Board of Supervisors. As a result, estimated salary and benefit increases for other City departments (including DPH) have not yet been included into the overall City budget.

In my last director's report, I outlined the proposed solutions agreed to by Board of Supervisors, Mayor's Office, Controller's Office and the Department to address the $14 million State revenue shortfall. Those solutions were incorporated into the budget adopted by the Board of Supervisors. As you may recall, the proposal included a $1.5 million shortfall in our current operating budget. The Department will closely monitor its expenditures and revenues to determine if and when a supplemental appropriation request for additional general funds will be necessary.

The Department's 1994-95 expenditure budget is an estimated $708.6 million (including grant and capital expenditures). This amount does not include salary standardization. By division, the expenditures, revenues and general fund are the following (in millions of dollars):

Division	Expenditures	Gen. Fund	Revenues
CHS	$221.11	$ 40.24	$180.88
DMSF	$134.00	$ 45.74	$ 88.25
LHH	$103.70	$ .48	$103.22
SFGH	$249.76	$ 20.28	$229.48
ALL	$708.57	$106.74	$601.83

The City's expenditure budget is contingent upon passage of the Real Property Transfer Tax increase. The proposed tax increase would result in an estimated $9.6 million in general fund dollars to the City and County. If the proposed tax increase is not adopted, then the City will be in a deficit by this amount. In order to balance the budget, the City will be forced to either reduce city services or propose additional revenue increases. The Board of Supervisors is scheduled to vote on the proposed tax increase on August 29, 1994. The Board has already adopted the $5 increase in parking/street cleaning violations. These funds are estimated to bring in $2.66 million in revenues to the City. Most of this revenue will be used to cover a shortfall in Muni Railway funding due to the State budget.

SAN FRANCISCO GENERAL HOSPITAL

Poison Control Center Funding Update: San Francisco General Hospital has traditionally participated in the support and funding of the San Francisco Bay Area Regional Poison Control Center (PCC). In the past, San Francisco provided support to the program beyond its local cost, compared to the other nine counties which use the Poison Control Center. This past fiscal year (1993-94), through the combined efforts of the Health Department and the Poison Control Center, the other counties increased their contributions, so that each county now pays its "fair share" use of the Poison Control Center. The Poison Control Center, through the guidance of its Regional Advisory Board, is currently working with each of the counties to confirm their commitment to this year's 1994-95 operating budget.

In 1994-95, the PCC will receive an additional $4 million in revenues. These revenues will come from Blue Cross of California. Blue Cross of California is proposing to transfer its non-profit HMO WellPoint into a for-profit organization. As a condition of this transfer, Blue Cross of California will contribute $100 million to charitable health care agencies. The PCC will be one of the recipients of these funds. As a result, the City and County of San Francisco will reduce its support to the PCC by an estimated $49,446 this year and next fiscal year (1995-96). This shared funding will improve the PCC's ability to secure fair share commitments from each of the other counties using the PCC. In addition, Blue Cross of California will allocate $1 million to the National Health Foundation to conduct an independent study of the state-wide Poison Control System. This study will analyze current PCC operations, capacity and future needs.

Anti-Gun Campaign at SFGH: On July 26, 1994, SFGH held a press conference to kick-off a new anti-gun campaign sponsored by the California Wellness Foundation. The campaign will feature three TV commercials designed to inform the public that gun violence, not diseases or automobile accidents, is the leading cause of death among youth.

The California Wellness Foundation has also established a phone service at 800-222-MANY. Callers will receive a citizen involvement kit which contains grim statistics, lists of support groups, and postcards to mail to our State leaders.

Cordova Selected as NAPH Treasurer: Richard Cordova has been selected among other public hospital administrators throughout the country to serve as the Treasurer of the National Association of Public Hospitals (NAPH). He will proceed from this role to become the Chair-Elect next year and the Chair the year after that. The NAPH is the country's leading organization in public hospital issues and focuses on education, advocacy, and policy development on a national level. We congratulate Rich on obtaining this distinguished position and the national recognition which he is generating for the San Francisco Health Department.

NAPH Fellowship: Gene O'Connell, SFGH Associate Administrator for Clinical Operations, has been selected as a National Association of Public Hospitals Fellow for 1994-95. Gene was recommended for this honor by Richard Cordova. The Fellowship involves attendance of a one week intensive course in New York during the month of August and participation in the development of a series of papers reflecting contemporary issues faced by public hospitals across the country. We congratulate Gene on this significant honor and accomplishment.

Temporary Closure of St. Luke's Emergency Department: The St. Luke's Emergency Department was closed last week-end in anticipation of a possible nursing strike. SFGH prepared for the potential overflow of patients by granting temporary staff privileges to some of the obstetricians and pediatricians who practice at St. Luke's. The strike was averted and the temporary closure of St. Luke's emergency room had only a minimal impact on SFGH.

COMMUNITY PUBLIC HEALTH SERVICES

Kabasares inducted as PNANC President: Leonora V. Kabasares, a Public Health Nurse at DPH Health Center Number Three, was inducted as the President of the Philippine Nurses Association of Northern California on June 4, 1994. The proceedings took place at the San Francisco Airport Marriot Hotel. Ms. Kabasares will complete her graduate work at San Francisco State University this Fall, with a Master's degree in Health Science. We extend our congratulations to her for receiving this honor.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

Residential Treatment Program Contract Award: I am pleased to announce that the Progress Foundation has been awarded the contract for establishment of a Transitional Residential Facility specializing in rehabilitative supportive treatment of individuals referred from Institutes for Mental Disease. This much needed program will be implemented in the next few months and will provide an important placement resource for DMS clients. Progress Foundation has contracted with the City for residential treatment services for twenty years and is known for the excellence of its staff and programs.

DMS Year End Summary -- Client Utilization: The following table summarizes client utilization figures from FY 1993-94 and compares them with the prior year. Year-to-year comparisons are hard to make, since the data system is in transition due to changing policy initiatives. Overall the number of clients served remained approximately equal, in spite of budget cuts and a continuing increase in the acuity and severity of illnesses for which clients seek care.

Community Mental Health Services
Number of Clients

Service Mode	Unduplicated Clients FY 1992-93	FY 1993-94
24 Hour Services*	1,791	2,352
Day Care*	1,803	3,907
Outpatient	13,528	13,665
Case Management	1,139	1,083
Unduplicated Total Clients in CMHS System	16,255	15,758

Community Substance Abuse Services
Number of Clients

Service Mode	Unduplicated Clients FY 1992-93	FY 1993-94
Outpatient	5,373	4,807
Residential	4,841	4,407
Methadone Detox	2,877	3,021
Methadone Maintenance	1,938	1,882
Prevention	3,330	4,261
Day Treatment	426	668
Unduplicated Total Clients in CMHS System	14,326	14,698

LAGUNA HONDA HOSPITAL

"Women Who Make a Difference" Award Winner: The Commission on the Status of Women, in conjunction with the Mayor's Office, will present the Second Annual "Women Who Make A Difference" awards on August 25, 1994. I am pleased to announce that Mansoureh Nahidi, Staff Nurse in the Hospice/AIDS Ward at Laguna Honda Hospital, has been selected as a recipient of the award this year. This is the second year the LHH has had an award recipient. Last year Virginia Leishman, Director of Nursing, received the award.

American Hospital Association Office: Anthony G. Wagner, Executive Director of LHH, has been elected to the American Hospital Association's (AHA) Section for Aging and Long-Term Care services Governing Council. The Section currently represents 2,500 hospitals, systems and other health care facilities which have special chronic, long-term care and aging services. The Section has a 24 member Governing Council comprised of chief executive officers, geriatricians and other senior administrators/clinicians from member institutions or systems in all nine AHA regions of the country. This Council assists in developing the strategic direction for the Section's activities and provides policy analysis for AHA positions. Mr. Wagner's three year term will begin on January 1, 1995.

Geriatric Medical Board Certification: Over the past two years, five LHH physicians including the Medical Director, have passed the Geriatric Medical Board Certification Exam. This success underscores the great commitment the LHH Medical Staff have to long-term care.

EQUAL EMPLOYMENT OPPORTUNITY UNIT

African American Health Services Specialist Designation and Certification Process: A total of 22 DPH employees have been certified for the African American Health Services Specialist designation. Of the 22 employees certified, 17 are assigned to Community Public Health and Mental Health programs and 5 are assigned to San Francisco General Hospital Psych Emergency and Ward 6B, the Black Focus Psychiatric Unit.

The following classifications have been accepted for the African American Health Services Specialist designation: psychiatric technician, registered nurse, head nurse, clinical nurse specialist - Psych Emergency, disease control investigator, psychiatric social worker, senior psychiatric social worker, clinical psychologist, health worker IV, and medical social worker.

PROPOSITION 187 ("SAVE OUR STATE" INITIATIVE): On Tuesday, August 23, 1994, the Board of Supervisors' Committee on Health, Public Safety, and Environment will hold a hearing on File #060-94-013, legislation introduced by Supervisors Susan Leal and Tom Hsieh opposing Proposition 187, the "Save Our State" Initiative. As the Commission is aware, Proposition 187 proposes to deny undocumented immigrants access to publicly-funded education, social services, and health services (except for emergency care as required under federal law). Institutions providing these services will be required to verify the immigration status of any person suspected to be an undocumented immigrant. If American citizenship is not verified, the individual must be reported to immigration authorities.

With the passage of Proposition 187, many undocumented immigrants will delay seeking timely medical attention for fear that they will be reported to immigration authorities. This situation will increase the number of persons treated at San Francisco General Hospital's emergency room whose conditions might have been treated less expensively in an outpatient facility. In addition, verification of immigration status will impose a serious and in my opinion, a morally reprehensible administrative burden on DPH staff. In light of these concerns, I have submitted a letter to the Board of Supervisors expressing the Department's support for the Resolution opposing Proposition 187, the California Save our State initiative. You have been provided with a copy of this letter. I will continue to keep you abreast of activities related to this initiative, as it's public health impact is extremely onerous.

Commissioner Chow requested the issue of welfare reform proposals denying services to immigrants be calendared for the next Commission meeting. Deputy City Attorney Paula Jesson stated that the Commission cannot take specific action on ballot initiatives but can urge the Board of Supervisors and Mayor to do so.

Commissioner Shriver requested a report to the Commission on the status of our needle exchange program. and a review of findings from the National Academy of Sciences.

5. CONSIDERATION OF A RESOLUTION TO SUPPORT THE ESTABLISHMENT OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

This item was deleted from the agenda and will be calendared at a future date.

6. **CONSIDERATION OF A RESOLUTION IN SUPPORT OF AN AMENDMENT TO THE SAN FRANCISCO ADMINISTRATION CODE WHICH AUTHORIZES THE DIRECTOR OF HEALTH, WITH THE APPROVAL OF THE HEALTH COMMISSION, TO DESIGNATE SPACE AT DEPARTMENT OF PUBLIC HEALTH FACILITIES FOR NON-PROFIT ORGANIZATIONS ESTABLISHED FOR THE PURPOSE OF BENEFITING THE HEALTH DEPARTMENT, ITS PATIENTS, OR ITS ACTIVITIES**

This item was deleted from the agenda and will be calendared at a future date.

7. **CONSIDERATION OF A RESOLUTION TO AMEND ARTICLE 21 OF THE HEALTH CODE REGARDING THE HAZARDOUS MATERIALS ORDINANCE, EXEMPTING MEDICAL PRACTITIONERS FROM HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION RENEWAL REQUIREMENTS, ALLOWING BUSINESSES TO DOCUMENT SELF-INSPECTIONS ON THEIR OWN FORMS, AND MAKING TECHNICAL CHANGES TO THE FEE SCHEDULE**

Action Taken: The Commission, (Kaufman, Castaneda, Chow and Shriver) adopted Resolution #35-94, "Approving Amendments to the Hazardous Materials Ordinance, Article 21 of the San Francisco Health Code ("Ordinance"), exempting Medical Practitioners from Hazardous Materials Certificate of Registration Renewal Requirements, Allowing Businesses to Document Self-Inspections on Their Own Forms, and Making Technical Changes to the Fee Schedule," (Attachment A).

8. **PUBLIC COMMENTS**

Public Speakers: Larry Griffin, Local 250, requested the Commission to calendar an item on St. Luke's Hospital in relation to Prop. Q (Health Care Planning Ordianance) requirements.

Tony Leone, R.N., Drug Abuse Advisory Board, presented two resolutions from the Drug and Alcohol Advisory Boards on CSAS priorities.

The meeting was adjourned at 3:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 34-94

APPROVING AMENDMENTS TO THE HAZARDOUS MATERIALS ORDINANCE, ARTICLE 21 OF THE SAN FRANCISCO HEALTH CODE ("ORDINANCE"), EXEMPTING MEDICAL PRACTITIONERS FROM HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION RENEWAL REQUIREMENTS, ALLOWING BUSINESSES TO DOCUMENT SELF-INSPECTIONS ON THEIR OWN FORMS, AND MAKING TECHNICAL CHANGES TO THE FEE SCHEDULE

WHEREAS, Supervisor Angela Alioto, responding to an inquiry from the San Francisco Dental Society, requested that the Hazardous Materials Advisory Committee review the use of nitrous oxide with the Fire Department and report on the feasibility of changing the Ordinance; and,

WHEREAS, the Department of Public Health and the Fire Department advised the Hazardous Materials Advisory Committee that, in their opinion, the waiver of renewal requirements for medical practitioners storing small amounts of nitrous oxide and oxygen would provide the City with information necessary for emergency response and would not compromise the public safety; and ,

WHEREAS, California Health and Safety Code Section 25505 allows certain medical practitioners one time reporting of nitrous oxide and oxygen in volumes less than 1000 cubic feet; and,

WHEREAS, the Hazardous Materials Advisory Committee recommended exempting certain medical practitioners storing specified small quantities of nitrous oxide and oxygen from hazardous materials certificate of registration renewal requirements; and,

WHEREAS, the Ordinance currently requires businesses to document self-inspections on the form provided by the Department of Public Health ("Department"), and,

WHEREAS, the Department has found that some businesses have already established safety inspection checklists and are unduly burdened by the Department's form; and,

WHEREAS, the Department could improve its service to the business community without compromising the public safety by accepting self-inspection information in an alternative format; and

WHEREAS, the fee schedule in the Ordinance does not reflect the current Fire Department hourly rate; and,

WHEREAS, the fee schedule displays some lack of standardization of various late fees; and,

WHEREAS, the fee schedule contains some errors; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission approves the amendments to Sections 1115 and 1116 of the Ordinance, exempting physicians, dentists, podiatrists, veterinarians, or pharmacists, who are required to obtain a certificate of registration solely because he or she operates an establishment that handles oxygen or nitrous oxide or both, from filing a renewal application and paying a biennial renewal fee, provided that at any one time the combined total container capacity of oxygen or nitrous oxide or both is less than one thousand (1,000) cubic feet at standard temperature and pressure; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission approves the amendment to Section 1161 of the Ordinance, allowing a business the flexibility to document self-inspections of their hazardous materials storage facility on its own form, provided it contains the same information as the Department's form; and, be it

further RESOLVED, that the San Francisco Health Commission approves the technical amendments to Section 1176 of the Ordinance, updating fees to conform to the current Fire Department hourly rate, standardizing late fees, and correcting errors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 2, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

August 16, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 2, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda L. Paras)

(3.1) ***DMS - CMHS*** - Renewal contract with MSC Psychiatric Services Corporation in the amount of $250,000 to provide inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with MSC Psychiatric Services Corporation for services totaling $316,880 in FY 1993-94).

(3.2) ***DMS - CMHS*** - Renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $250,000 to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $963,279 in FY 1993-94).

(3.3) ***DMS - CMHS*** - Approval of prospective contractors to the Family Mosaic Project for the provision of services to mentally disturbed children enrolled in the Family Mosaic Project in the amount of $1,500,000 for the period of July 1, 1994 through June 30, 1996.

(3.4) ***(DMS - CMHS*** - Renewal contract with Regents of the University of Langley Porter Psychiatric Hospital, in the amount of $250,000 per year to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $2,009,978 in FY 1993-94).

(3.5) ***DMS - CSAS*** - Renewal multi-year agreement Chemical Awareness and Treatment Services/Counseling services for Drinking Drivers, Inc. to provide multi-offense Driving Under the Influence (DUI) services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $1,761,176 in FY 1993-94).

(3.6) ***DMS - CSAS*** - Multi year contract renewal with Horizons Unlimited of San Francisco Inc., in the amount of $1,065,603 per year to provide outpatient substance abuse treatment, day treatment and prevention services to multicultural youth for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Horizons Unlimited for services totaling $1,149,378 in FY 1993-94).

(3.7) ***DMS - CSAS*** - First modification to the contract with Regents of the University of California - AIDS Health Project in the amount of $75,000, to add detoxification case management services for the period of March 1, 1994 through June 30, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in
FY 1992-93 exclusive of the Affiliation Agreement).

(3.8) ***Administration - AB 75 Project*** - Requesting approval to apply for accept and expend a continuation allocation in the amount of up to $10,627,647 from the State Department of Health Services, to provide services of the California Healthcare for Indigents (CHIP) program for the period of July 1, 1994 through June 30, 1995.

(3.9) ***Administration - MIS*** - Two new sole source and contract approval requests to acquire and implement Managed Care data capabilities:

1. Shared Medical Systems in the amount of $21,319,026 to provide data processing services required to support current and proposed financial and clinical information systems for the period of Controller certification through April, 2000. (DPH contracted with Shared Medical Systems for services totaling $430,000 in FY 1993-94)

2. Coopers and Lybrand in the amount of $6,545,525 to provide implementation and training services for the period of 30 months from Controller certification.

(3.10) ***CHS - AIDS*** - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $130,404, for the provision of street-based HIV prevention intervention services, for the period of September 30, 1994 through September 29, 1995. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $5,881,753 in FY 1993-94).

(3.11) ***CHS - AIDS*** - Ordinance amending Chapter 19A, Article I of the S.F. Administrative Code by adding Section 19A.33 authorizing the Department of Public Health to enter into an agreement with Public Health Foundation Enterprises, Inc., in which the department will provide research services for HIV Vaccine Preparedness Studies to the residents of San Francisco.

(3.12) ***CHS - AIDS*** - Requesting approval to apply for, accept and expend a new grant in the amount of $274,227 from the Centers for Disease Control and Prevention to fund the Evaluation of the Impact of the 1993 AIDS Case Definition Project for the term October 1, 1994 through September 30, 1995.

(3.13) CHS - CPHS - Modification to the contract with Northeast Medical Services in the amount of $32,000 to provide breast and cervical cancer screening, diagnostic, and health education services for the period of January 1, 1994 through September 30, 1994. (DPH contracted with Northeast Medical Services for services totaling $164,835 in FY 1993-94).

(3.14) CHS - Perinatal - Retroactive Renewal contract with California Children's Home in the amount of $63,092 to provide residential drug treatment services for pregnant adolescents for the period of January 1, 1994 through June 30, 1994. (DPH contracted with California Children's Home for services totaling $126,184 in FY 1992-93).

4. **DIRECTOR'S REPORT**
   (Sandra Hernández, M.D., Director of Public Health)

5. **UPDATE ON MENTAL HEALTH REHABILITATION FACILITY ISSUES**

6. **CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS AND THE MAYOR TO OPPOSE THE STATE'S SOS (SAVE OUR STATE) INITIATIVE**

7. **REVIEW OF FINDINGS FROM THE NATIONAL ACADEMY OF SCIENCES ON NEEDLE EXCHANGE PROGRAMS AND STATUS REPORT ON PREVENTION POINT**

8. **OTHER BUSINESS/PUBLIC COMMENTS***

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 16, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:30 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 2, 1994

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras and Shriver) unanimously adopted the minutes of August 2, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) DMS - CMHS - Renewal contract with MSC Psychiatric Services Corporation in the amount of $416,880 to provide adolescent day treatment services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with MSC Psychiatric Services Corporation for services totaling $316,880 in FY 1993-94).

(3.2) DMS - CMHS - Renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $250,000 to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $963,279 in FY 1993-94).

Commissioner Shriver requested demographics on sexual orientation of the Board.

(3.3) ***DMS - CMHS*** - Approval of prospective contractors to the Family Mosaic Project for the provision of services to mentally disturbed children enrolled in the Family Mosaic Project in the amount of $1,500,000 for the period of July 1, 1994 through June 30, 1996.

Commissioner Paras requested an ethnic breakdown of the listed providers.

Commissioner Jackson requested a list of funding amounts allocated to the providers during the last fiscal year.

(3.4) ***DMS - CMHS*** - Renewal contract with Regents of the University of California, Langley Porter Psychiatric Hospital, in the amount of $250,000 per year to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $2,009,978 in FY 1993-94).

This item will be deferred to the September 6, 1994 agenda when a contractor representative is present.

(3.5) ***DMS - CSAS*** - Renewal multiyear agreement Chemical Awareness and Treatment Services/Counseling services for Drinking Drivers, Inc. to provide multi-offense Driving Under the Influence (DUI) services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Chemical Awareness and Treatment Services for services totaling $1,761,176 in FY 1993-94).

Commissioner Paras requested clarification on when this contract went out to bid.

(3.6) ***DMS - CSAS*** - Multiyear contract renewal with Horizons Unlimited of San Francisco Inc., in the amount of $1,065,603 per year to provide outpatient substance abuse treatment, day treatment and prevention services to multicultural youth for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Horizons Unlimited for services totaling $1,149,378 in FY 1993-94).

Commissioner Shriver requested the follow-up monitoring report be referred to the JCC-DMSF. He also commented on the inappropriateness of client satisfaction being based on a single client interview.

Commissioner Paras requested the CAAB/DAAB evaluations to be included with contract renewals.

(3.7) ***DMS - CSAS*** - First modification to the contract with Regents of the University of California - AIDS Health Project in the amount of $75,000, to add detoxification case management services for the period of March 1, 1994 through June 30, 1994. (DPH contracted with UCSF for services totaling $8,269,610 in FY 1992-93 exclusive of the Affiliation Agreement).

Commissioners requested a presentation on the Department's detox case management services to the JCC-DMSF and then to the full Commission.

(3.8) ***Administration - AB 75 Project*** - Requesting approval to apply for accept and expend a continuation allocation in the amount of up to $9,404,875 from the State Department of Health Services, to provide services of the California Healthcare for Indigents (CHIP) program for the period of July 1, 1994 through June 30, 1995.

Commissioner Jackson questioned the classification/salary for a Senior Clerk Typist.

(3.9) ***Administration - MIS*** - Two new sole source and contract approval requests to acquire and implement Managed Care data capabilities:

1. Shared Medical Systems in the amount of $21,319,026 to provide data processing services required to support current and proposed financial and clinical information systems for the period of Controller certification through June 30, 2000. (DPH contracted with Shared Medical Systems for services totaling $430,000 in FY 1993-94)

2. Coopers and Lybrand in the amount of $6,545,525 to provide implementation and training services for the period of 30 months from Controller certification.

(3.10) ***CHS - AIDS*** - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $130,404, for the provision of street-based HIV prevention intervention services, for the period of September 30, 1994 through September 29, 1995. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $5,881,753 in FY 1993-94).

(3.11) ***CHS - AIDS*** - Ordinance amending Chapter 19A, Article I of the S.F. Administrative Code by adding Section 19A.33 authorizing the Department of Public Health to enter into an agreement with Public Health Foundation Enterprises, Inc., in which the department will provide research services for HIV Vaccine Preparedness Studies to the residents of San Francisco.

(3.12) ***CHS - AIDS*** - Requesting approval to apply for, accept and expend a new grant in the amount of $274,227 from the Centers for Disease Control and Prevention to fund the Evaluation of the Impact of the 1993 AIDS Case Definition Project for the term October 1, 1994 through September 30, 1995.

(3.13) ***CHS - CPHS*** - Modification to the contract with Northeast Medical Services in the amount of $32,000 to provide breast and cervical cancer screening, diagnostic, and health education services for the period of January 1, 1994 through September 30, 1994. (DPH contracted with Northeast Medical Services for services totaling $164,835 in FY 1993-94).

(3.14) ***CHS - Perinatal*** - Retroactive Renewal contract with California Children's Home in the amount of $63,092 to provide residential drug treatment services for pregnant adolescents for the period of January 1, 1994 through June 30, 1994. (DPH contracted with California Children's Home for services totaling $126,184 in FY 1992-93).

Public Speaker: Pello Smith requested expedited process for contract reimbursement.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras and Shriver) approved the Consent Calendar of the Budget Committee, except for #3.4.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

BUDGET UPDATE: The Mayor is proposing line-item vetoes of $800,000 city-wide, reducing the City's Annual Appropriations Ordinance as adopted by the Board of Supervisors on July 25, 1994. Within the Department of Public Health, a total of $239,570 is proposed for reduction in certain operating accounts. These operating accounts contain funding needed to pay for ongoing expenses which the Department believes cannot be reduced. The proposed line-item veto would reduce the Department's general fund to $106.5 million.

I have informed the Mayor's Office that reductions in the Department's expenditure budget at this point would compromise the Department's ability to optimally manage its expenditures this fiscal year. The Department has already absorbed $22.2 million in cost increases, reduced its general fund by $14.1 million and proposed ambitious projections for new revenues (a number of which are one-time revenues). In addition, the Department faces a significant salary savings requirement.

The Board of Supervisors has until August 31, 1994 to consider the line-item veto proposed by the Mayor. I am optimistic that the Mayor's Office will reconsider the line-item vetoes slated for our budget.

In a related matter, the Mayor recently issued a press release on the 1994-95 budget. In the press release, the Mayor stated his opposition to the Board of Supervisor's proposal to double the real property transfer tax. The Board of Supervisors is scheduled to vote on this tax increase on August 29, 1994. The proposed tax increase would result in an estimated $9.6 million in general fund dollars to the City and County. This amount is needed to balance the overall City budget. The Mayor expressed his desire to spread the burden of this $9.6 million gap through other yet to be detailed expenditure reductions and revenue increases. The $800,000 in line-item vetoes proposed by the Mayor will reduce the "revenue" gap to $8.8 million. The Mayor's Office, working with the Board of Supervisors, intends to develop alternative revenue-generating proposals to close the remaining $8.8 million gap. I will keep the Commission apprised of the alternative revenues packages as they become known.

SAN FRANCISCO GENERAL HOSPITAL
Pharmacy Update: In September 1993, the Board of Supervisors' Committee on Health, Public Safety, and the Environment convened a hearing to discuss lengthy waiting times for prescriptions at the SF General Hospital Pharmacy. This issue is being reviewed again by the Board of Supervisors as part an annual review of this subject.

I am pleased to announce that over the past year, waiting times for prescriptions have improved significantly. Previous waits of 72 to 96 hours now seldom exceed 24 hours and frequently are much shorter. On average, urgent prescriptions are available within one hour. Although these improvements are significant, services must improve further for our pharmacy to compete aggressively in a managed care environment. Several groups including the DPH Pharmacy Restructuring Work Group, the DPH

Pharmacy Managers Group, and the SFGH Joint Nursing Pharmacy Group, are working to improve these services. I am aware that prescription waiting time is very important to our patients, and I am confident that we will continue to make improvements in this area.

Diversion: (Critical Care) Update: From August 6th to August 11th, SFGH was on Critical Care Diversion six times for a total of 61.7 hours (42.8 percent of the period). During diversion episodes, SFGH's Intensive Care units (ICUs) had an average census of 23.3 patients and a 1:1 nurse to patient acuity of 50 percent The 4E ICU and 5E ICU units were at full capacity (24 patients) during five of the six diversion episodes. The 5R ICU unit reopened at 7:00 p.m. on Sunday, August 7th and closed on Thursday, August 11th. SFGH was unable to open the 5R ICU unit earlier due to a shortage of critical care nursing staff. Three patients were diverted by the base hospital, during diversion episodes. The receiving hospitals were St. Luke's Hospital, Ralph K. Davies Medical Center, and the California Pacific Medical Center.

Affiliation Agreement: At long last the City and the University of California at San Francisco (UCSF) have approved a new Affiliation Agreement between UCSF and SFGH. SFGH executives are now in the process of circulating the document for signatures. Two important activities will be triggered by the approval of this document. 1) On October 1, 1994 all SFGH physicians who are currently on City requisitions will be returned back to UCSF for payroll purposes. 2) A department-by-department review and renegotiation of reimbursement methodology between SFGH and UCSF will begin in the Fall.

Garage Update: At this time, SFGH intends to proceed with a construction contract for the long-awaited parking garage. SFGH expects to realize a nominal cost savings, as the project team has succeeded in negotiating a three-month reduction in the contract schedule, from 21 months to 18 months. Construction of the new parking garage will begin after all hazardous materials are removed from the current structure, and the full demolition has been completed.

The garage project is providing an additional opportunity for SFGH to strengthen its community relations. SFGH has developed an innovative program to encourage employment of San Francisco and Mission District residents at the garage construction site by working cooperatively with the Human Rights Commission (HRC), Mission Hiring Hall, and Nibbi Construction. Specifically, the construction contract for the garage includes language which promotes the hiring of San Francisco and Mission District residents. Both SFGH and the HRC will monitor contract compliance in this area.

UCSF Research Facility: UCSF officials formally announced on August 9th that they have narrowed down their list of potential sites for a proposed 100,000 square foot research laboratory from 28 sites to two sites; both are located in San Francisco. SFGH is one of the remaining finalists and the other is Executive Park. The latter site is owned by Tuntex International which is also promoting the adjacent Brisbane Baylands for UCSF's long-range development site. Over the coming weeks UCSF will work with City officials to identify the costs associated with each site. UCSF has announced its intention to make a final decision early this fall.

COMMUNITY PUBLIC HEALTH SERVICES

Prevention and Leadership Alternatives for Youth --Funding Award: I am happy to announce that the Prevention and Leadership Alternatives for Youth (PLAY), a component of the Bayview-Hunter's Point

Foundation's Violence Prevention Initiative, has received $700,000 in funding from the California Wellness Foundation. This funding will be provided over a four-year period and will support PLAY's prevention efforts. These efforts will be coordinated by the Critical Incident Response Team (CIRT), which is currently funded by DPH. A primary function of PLAY is to organize a community partnership of youth, parents, churches and public and community agencies to address the root causes of violence in predominantly African-American, low-income communities. DPH supports and congratulates PLAY and CIRT for their innovative efforts to develop violence prevention and intervention efforts targeting the Bayview, OMI and Visitation Valley-Sunnydale neighborhoods.

DPH Collaborative Grant Proposal: A proposal for a federal grant to study the relationship between intervention and violent injury reoccurrence will be submitted by a collaboration of San Francisco agencies. DPH, CIRT, the San Francisco Police Department, and the Juvenile Probation Commission, will collaborate on the federal proposal. If the grant is successful, the SF Trauma Foundation will serve as both research center and fiscal agent for the project. The grant competition is sponsored by the National Institute of Justice and the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention. If funded, the grant will provide $287,000 per year for 3 years ($861,000 total).

BUREAU OF ENVIRONMENTAL HEALTH

Update on Geneva Towers: The Department is continuing its environmental assessment of living conditions within Geneva Towers. The Bureau of Environmental Health Services is working together with the Hazardous Materials Advisory Committee to conduct additional testing of the potable water within the two high-rise buildings. All residents wishing to have their tap water analyzed will be accommodated. Simultaneously, water tests from randomly selected units will be drawn. All water samples will be analyzed for lead, bacteriological content and turbidity. This testing is scheduled for completion in August. As the Commission is aware, previous water samples taken within occupied apartments were in compliance with all EPA Safe Drinking Water Standards.

To date no Geneva Towers residents have presented themselves at either Health Center #3 or the Prop J clinic held in the towers to obtain services for medical complications alleged to be due to water quality.

Ben Gale, Director of the Bureau of Environmental Health Services, is participating in discussions with the Department of Housing and Urban Development (HUD) and the Mayor's Visitation Valley Task Force regarding potential additional environmental issues. Two previously documented issues, identified by residents of Geneva Towers and brought to the attention of (HUD) and the company managing Geneva Towers, remain unresolved.

- A written policy and procedure plan has not yet been completed for asbestos-containing materials on the rooftop. The location of the asbestos poses no risk to the residents of Geneva Towers.

- The single check valves between the radiant heating system and the potable water service lines have not been replaced with double check valves to prevent the possibility of cross-connection contamination of the drinking water system.

I will continue to keep the Commission apprised of these issues. Department representatives will also continue to participate in meetings of the Mayor's Visitation Valley Task Force which will work in conjunction with HUD to develop recommendations and strategies for the redevelopment of the district surrounding Geneva Towers.

Beach Water Quality: The August 7th edition of the San Francisco Chronicle featured an article on the Surfrider Foundation's efforts to monitor the quality of water in San Francisco and other coastal counties. The Surfrider Foundation, as well as other environmental groups, such as Bay Keeper, have contacted DPH's Bureau of Environmental Health (BEHS) and the Bureau of Water Pollution Control (BWPC) in the past regarding beach posting and investigation of complaints regarding water quality. BEHS's contacts with them have always been cooperative and productive.

BEHS's beach monitoring program consists of monthly sampling of the county's entire shoreline. Richmond-Sunset is monitored twice a month. The total number of water samples collected on a monthly basis include:

Richmond-Sunset:	20 samples
South East:	12 samples
North Point:	17 samples

Water samples are collected and analyzed for bacteriological contamination. Educational signs are continually posted at beach access points regarding wet weather outfall bypasses. When ocean water sports contact standards are not met, BEHS staff post warning signs in these locations. In addition to BEHS's monitoring program, the BWPC also monitors all beach areas several times per week in accordance with discharge permit requirements issued by the Regional Water Quality Control Board.

NATIONAL HEALTH CARE REFORM UPDATE: Approximately two weeks ago, Senate Majority Leader, George Mitchell, combined the existing Senate Health Care Reform bills into a single bill bearing his name. Essentially, the same action took place in the House under the leadership of Majority Leader Richard Gephardt. Debate on the Mitchell bill has begun and will continue until a final vote is taken (possibly by August 24, 1994). The House may decide to wait until the Senate votes on the Mitchell bill, before beginning their debate, or they may move forward simultaneously. If (and only if) both houses pass a bill, a Conference Committee will be appointed to forge a final compromise that will be voted on and, if passed, be sent to the President for his signature or veto.

The Senate Mitchell bill includes a "soft trigger" mechanism and defines universal coverage at 95%. As such, an employer mandate only requires a 50% employer contribution for insurance premiums and does not go into effect until the year 2002. This trigger may only be considered if the goal of 95% universal coverage has not been met. The House Gephardt bill guarantees 100% universal coverage (as it was originally defined) by 1999 and includes an 80/20 employer mandate. I will continue to keep the Commission informed on the transitions associated with this critical matter as they evolve.

CRIME BILL UPDATE: The federal omnibus crime bill, which would authorize millions of dollars in new spending for violence prevention, has suffered a serious setback. On Thursday, August 11, the House of Representatives defeated, by a close vote of 225 to 210, the House Democratic leaders' attempt to bring the bill before the full House for debate. All Bay Area Representatives except Rep. Bill

Baker (R-Danville) voted with the Democratic leaders. Most opponents are Republicans and conservative Democrats who oppose the bill's assault rifle ban and violence prevention and research provisions. A small number of liberal Democrats also voted against the bill, citing concern about provisions that would expand the use of the death penalty. There have also been reports that the Republicans also sought to weaken the position of President Clinton and Congressional Democrats in the ongoing negotiations over national health care reform.

The prospects for further action on the crime bill are uncertain. Over the weekend, President Clinton repeatedly called upon House leaders to renegotiate the package but indicated that he would not sign the bill unless it contains the assault rifle ban. House Democratic leaders are reviewing options, but some Representatives doubt that the House will be able to develop a new crime bill and at the same time move forward on national health care reform. If a new crime bill emerges, some of the violence prevention and research provisions may be modified and the amount of funding authorized for these activities may be reduced.

JULY STATISTICS

AIDS Statistics (from 7/1/81 to 7/31/94

Total San Francisco cases reported:	19,866
Total San Francisco deaths:	12,762
Total S.F. cases reported for July:	152*
Total S.F. deaths for July:	118

* Includes 121 cases meeting the new definition of AIDS

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	263.4
New born Nursery:	15.6
Actual Patient Days (except newborns):	8,165
Newborn Nursery:	484
Admissions (except newborns):	1,345
Newborn Nursery:	145
Average Length of Stay (except newborns):	6.0
Newborn Nursery:	2.6
Discharge Patient Days (except newborns):	7,943
Newborn Nursery:	349
Discharges (except newborns):	1,333
Newborn Nursery:	136

Outpatient Visits		
Primary Health:	8,735	
Family Health:	2,612	
General Medicine:	1,788	
Pediatric:	2,449	
OB/GYN:	1,886	
Specialty Clinics:	9,445	
Non-admit Emergency Visits		
Emergency Room:		4,798
Psychiatric Emergency Services:		427
Psychiatric Emergency Consults:		N/A
Laguna Honda Hospital		
Average Daily Census:		1,118
Acute Services:		9
Clarendon Hall:		164
AIDS/Hospice SNF:		26
Mental Health		
SFGH/Acute Psychiatric Beds:		80
(13 beds for sub-acute/med complex care)		
Community Acute Psychiatric Beds		4
CPHS - Primary Care Visits for Health Centers		
Health Center #1		1,340
Health Center #2		493
Health Center #3		793
Health Center #4		1,132
Health Center #5		913
Tom Waddell Clinic		2,803
Potrero Hill Health Center		562
Southeast Health Center		714
Special Programs for Youth		2,343
TOTAL VISITS:		12,230
Disease Control		
TB Clinic:		1,927
City Clinic:		1,785

Bureau of Epidemiology and Disease Control
Reportable Diseases

	W/E 8/06/94			Year to Date		
	1992	1993	1994	1992	1993	1994
AIDS*	25	66	24	1124	3630	1441
Campylobacteriosis	18	10	20	420	389	351
Giardiasis	7	14	10	173	171	225
Hepatitis A	0	4	2	246	127	117
Hepatitis B	0	1	1	52	42	44
Salmonella	3	5	3	97	116	88
Shigella	14	9	4	168	135	112
Tuberculosis	6	6	6	218	215	170

5. UPDATE ON MENTAL HEALTH REHABILITATION FACILITY ISSUES

Phyliss Harding, SFGH Administrator, provided a progress report on the Mental Health Rehabilitation Facility. She presented the Facility Licensing Options (Attachment A), with Option #3 being considered on its pro's and con's. Reimbursement and licensing issues need to be weighed

Ms. Harding also provided information on the artwork purchases for the facility, with attention to the diversity of the artwork and artists.

Dr. Hernandez reported that the Department will be meeting with labor on the RFP process, which is part of the financial feasibility study needed to operate the new facility.

Public Speaker: Susan Rosenthal, Local 790,. encouraged the Department not to proceed with the RFP prior to the meeting with labor.

Dr. Hernandez will bring back to the Commission any future policy matters related to the new facility.

6. CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS AND THE MAYOR TO OPPOSE THE STATE'S SOS (SAVE OUR STATE) INITIATIVE

Dr. Hernandez presented the following:

> Proposition 187, the California "Save Our State" ballot initiative, has qualified for the November 1994 general election. As you are aware, passage of this initiative will have serious consequences for the ethical provision of timely and cost-effective public health services.
>
> In essence, this initiative proposes to deny undocumented persons access to publicly funded education, health care and social services. Additionally, it requires public agencies providing these services to report persons "suspected" to be undocumented to immigration authorities.

Passage of Proposition 187 will: (1) increase the risk of contagious diseases; 2) increase the administrative burden on our employees, while diverting precious resources away from direct care services; 3) seriously threaten federal funding; and, 4) contradict our State mandate to provide medical services to the poor and indigent under the Welfare and Institutions Code 17000. Clearly, the health and public safety of all residents will suffer with the passage of this initiative. Finally, the combination of these austere requirements challenge the ethical and legal obligations of our county public health system.

As you are aware, this Commission cannot legally take a formal position on a statewide issue. As such, the Commission may support the proposed Board of Supervisors' Resolution #060-94-013, opposing Proposition 187. This resolution has been introduced by Supervisor Leal, and currently has eight co-sponsors."

The Commission received letters of support for the proposed Commission resolution recommending to the Board of Supervisors and the Mayor to oppose the SOS initiative. The letters submitted were from Chinese for Affirmative Action, the S.F. Medical Society, the S.F. AIDS Foundation, the Mission Neighborhood Health Center, and the Catholic Charities of the Archdiocese of S.F.

Public Speakers: Bob Nelson, Catholic Charities, supported the resolution.
Ignatius Bau, Lawyers' Committee for Civil Rights, supported the resolution.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, and Shriver) adopted Resolution #35-94, "Consideration of a Proposed Board of Supervisors Resolution to Oppose Proposition 187, the California 'Save Our State' Initiative," (Attachment B).

7. REVIEW OF FINDINGS FROM THE NATIONAL ACADEMY OF SCIENCES ON NEEDLE EXCHANGE PROGRAMS AND STATUS REPORT ON PREVENTION POINT

This item was deferred to the September 6, 1994 agenda.

8. OTHER BUSINESS/PUBLIC COMMENTS*

Public Comments: Elzie Byrd, Geneva Towers Tenants' Association
Marie Harrison, Geneva Towers Tenants' Association
Bruce Livingston, Clean Water Action
Louise Vaughn, Geneva Towers Tenants' Association
Alan Ramo, Golden Gate University Environmental Law & Justice Clinic
John Burr, Clear Water Action
Leon Thibeaux, ABU
Bertha Bell, tenant
Raymond Tompkins, Tompkins & Williams

The speakers raised issues around lead levels in the water at Geneva Towers, the methodology and standards used, the impact on health status, a possible need for an independent study, and distrust towards HUD and DPH. Questions were submitted in writing by Marie Harrison.

President Jackson requested Dr. Hernandez to review the submitted questions, evaluate the situation, and report back to the Commission. The Commission will respond back to the tenants groups.

Dr. Hernandez stated she takes the issues raised seriously, will take them under advisement, and will report back to the Commission.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

DPH FACILITY LICENSING OPTIONS

1. MENTAL HEALTH REHABILITATION FACILITY:
PSYCHIATRIC HOSPITAL FACILITY

PROS

- o Stand alone facility with separate license & operation
- o Administration & management autonomous
- o JCAHO not required

CONS

- o Considered IMD (Institution for Mental Disease)
- o No reimbursement for care available
- o Realignment from General Fund needed for operation
- o Funding will have to shift from current programs
- o Autonomous operation may lead to coordination of care difficulties
- o Funding level will not allow proposed program to be implemented

2. SAN FRANCISCO GENERAL HOSPITAL-MENTAL HEALTH REHABILITATION FACILITY:
ACUTE CARE FACILITY WITH DISTINCT PART SKILLED NURSING FACILITY

PROS

- o Will allow option to challenge billing for SNF reimbursement
- o Will allow for implementing proposed program
- o Physical proximity and administrative coordination should promote coordination of care
- o Will facilitate integration of care within DPH
- o Contracting out all or portions of management of operations of MHRF should be allowable

CONS

- o Total number of beds allocated for psychiatric care may be over 50% triggering designation of IMD for MHRF
- o JCAHO accreditation will be required (further evaluation of acute hospital need to be accredited will have to be evaluated as we move towards managed care with capitation)
- o One administration with clear lines of authority will have to be implemented prior to application
- o Full integration of policies & procedures, etc will have to be achieved

3. LAGUNA HONDA HOSPITAL-MENTAL HEALTH REHABILITATION FACILITY: ACUTE CARE HOSPITAL WITH DISTINCT PART SKILLED NURSING FACILITY

PROS

- Will provide an opportunity to integrate physical health & mental health operationally and administratively
- Will strengthen argument for billing SNF rate
- Will allow for implementation of proposed program
- Will administratively combine two facilities within DPH
- Will strengthen argument regarding % of psychiatric patients to total population (NOT considered IMD)
- JCAHO would not be required

CONS

- Physical separation of facilities may weaken argument that facilities are one
- Integration of physical health & mental health may be difficult from an administrative & operational point of view
- May weaken linkage between acute psychiatry and MHRF
- May jeopardize current LHH reimbursement

4. LAGUNA HONDA HOSPITAL-SAN FRANCISCO GENERAL HOSPITAL-MENTAL HEALTH REHABILITATION FACILITY:
ACUTE CARE FACILITY WITH DISTINCT PART SKILLED NURSING FACILITY

PROS

- Will provide strongest argument for billing at SNF rate for MHRF
- Will provide opportunity to fully integrate the "institutional" facilities within DPH, administratively & operationally
- May provide most cost effective & efficient alternative through the full integration of the institutional facilities
- May expedite integration decisions
- Should decrease administrative overhead

CONS

- Will require JCAHO accreditation process for all facilities
- Will force difficult decisions more rapidly than organization is able to absorb
- May jeopardize current licensing & reimbursement for LHH
- May impact LHH replacement proposal (?)
- Will require the most amount of "culture" change

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 35-94

CONSIDERATION OF A PROPOSED BOARD OF SUPERVISORS RESOLUTION TO OPPOSE PROPOSITION 187, THE CALIFORNIA "SAVE OUR STATE" INITIATIVE

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of medical, mental health, surveillance, and health promotion services, as well as planning and promoting sound public policies for public health and health care delivery; and,

WHEREAS, Proposition 187, the "Save Our State" initiative, which will appear on the ballot for California's November 1994 general election, proposes to deny undocumented persons access to publicly-funded education, health care, and social services and to require public agencies providing these services to report persons "suspected" to be undocumented to immigration authorities; and,

WHEREAS, Proposition 187 contradicts principles consistently supported by this Commission endorsing universal health care coverage for all people as a right, not a privilege of citizenship; and,

WHEREAS, California Welfare and Institutions Code Section 17,000 clearly states that every county is obligated to provide for the medical needs of the poor and indigent; and,

WHEREAS, providing timely, cost-effective health care services to all persons regardless of their legal status promotes sound public policy and contributes to a healthier environment for all residents; and,

WHEREAS, Proposition 187's requirement that publicly-funded health care facilities verify the immigration status of persons suspected to be undocumented will increase the likelihood that immigrants will delay seeking timely medical attention for fear of harassment or deportation; and,

WHEREAS, this situation may result in a significant increase in the number of persons treated in SFGH's emergency room whose conditions might have been treated less expensively in an outpatient facility; and,

WHEREAS, studies have consistently shown that prenatal care services, for which undocumented women are eligible under current law, significantly improve a woman's ability to deliver a healthy baby and minimizes utilization of costly neonatal care; and,

WHEREAS, denying undocumented children access to immunization through publicly-funded health care facilities would reduce the already low percentage (49%) of San Francisco two-year olds who are fully immunized, and increase the risk of contagious disease outbreaks among young children; and,

WHEREAS, California led the nation in AIDS deaths in 1992 and had the second highest number of deaths from tuberculosis, and where failure to provide undocumented persons preventative and treatment services for these and other contagious diseases would hinder efforts to control the spread of these diseases among the population as a whole, and,

WHEREAS, Proposition 187 proposes to deny undocumented persons incarcerated in the San Francisco County Jail and other correctional facilities in California access to non-emergency health care services and, thus, exacerbate the difficulty of controlling the spread of contagious diseases among inmates, employees and the population at large upon their release; and,

WHEREAS, Proposition 187 proposes to require DPH staff to assume unreasonable administrative burdens associated with verifying the immigration status of persons suspected to be undocumented, which will force DPH to divert scarce resources from direct patient care; and,

WHEREAS, Proposition 187 proposes to preclude DPH from furnishing health care services to all undocumented persons, even those who have private health insurance or are otherwise able to pay for their care; and,

WHEREAS, Proposition 187 may violate federal statutes governing Medi-Cal, Federally Qualified Health Centers, and federal grants for AIDS outreach and services, immunization, tuberculosis control and other public health services, and where San Francisco could lose a significant portion of the $9 billion the Legislative Analyst's Office estimates California would lose in current federal assistance; now, therefore, be it

RESOLVED, that the San Francisco Health Commission urges the Board of Supervisors and the Mayor to support the passage of Resolution 060-94-013 expressing opposition to Proposition 187, and urging the Mayor to educate the electorate about the negative impacts of this measure on the City and County of San Francisco; and, be it

FURTHER RESOLVED, that this Commission finds the current climate of racism and xenophobia toward immigrants in both California and the nation deeply disturbing as it applies to health care access and counterproductive to efforts to improve the health of all residents; and, be it

FURTHER RESOLVED, that this Commission supports the continued commitment of the health service providers of the City and County of San Francisco to care for all San Franciscans who require medical attention regardless of their legal status.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 16, 1994.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

September 6, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2: 00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. CALL TO ORDER

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 16, 1994

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Melinda L. Paras)

(3.1) **DMSF** - Supplemental Appropriation in the amount of $1,000,000 in Controller's Reserve to fund selected substance abuse programs for the period between October 1, 1994 through January 15, 1995 due to the loss of Federal Asset Forfeit Seizure funding.

(3.2) **DMSF - CMHS** - Renewal contract with Regents of the University of California, Langley Porter Psychiatric Hospital, in the amount of $250,000 per year, to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 93-94 exclusive of the Affiliation Agreement).

(3.3) **DMS - CMHS** - Multiyear contract renewal contract with Episcopal Community Services (ECS) in the amount of $380,003 to provide mental health community outreach, case management services and substance abuse case management services to the homeless and those at risk of becoming homeless for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Episcopal Community Services for services totaling $406,888 in FY 1993-94).

(3.4) DMS - CMHS - Renewal contract with St. Francis Memorial Hospital in the amount of $156,750 to provide 24-hour acute psychiatric inpatient services to adult patients for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Francis Memorial Hospital for services totaling $156,750 in FY 1993-94).

(3.5) DMS - CMHS - Renewal contract with Family Service Agency of San Francisco in the amount of $3,742,049 to provide Partial day, Outpatient, Case Management and Outreach services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Family Service Agency for services totaling $3,676,154 in FY 1993-94).

(3.6) DMS - CMHS - Renewal contract with California Pacific Mental Health Services in the amount of $5,292,063 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Mental Health Services for services totaling $10,457,674 in FY 1993-94).

(3.7) DMS - CMHS - Renewal contract with Richmond Area Multi-Services, Inc. in the amount of $1,171,614 to provide Multilingual Mental Health Services to residents of San Francisco for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Richmond Area Multi-Services for services totaling $1,875,434 in FY 1993-94).

(3.8) CHS - AIDS - Modification to the contract with Haight Ashbury Free Clinics., reducing the contract by the amount of $63,650 for the provision of residential substance abuse services for HIV infected African American men and start-up and development of a multicultural recovery house for substance abusing HIV infected women, for the period of July 1, 1993 through June 30, 1994. (DPH contracted with Haight Ashbury Free Clinics Inc. for services totaling $5,881,753 in FY 1993-94).

(3.9) CHS - Homeless Programs - Requesting approval to accept and expend retroactively an augmentation to a grant in the amount of up to $201,495 from Comic Relief, Inc. to provide health, psychosocial, and clerical support services of the California Healthcare for Indigents program for the period of December 1, 1993, through September 30, 1995.

(3.10) CHS - Administration - Requesting approval to accept and expend the terminal allocation of the State Legalization Impact Assistance grant in the amount of up to $280,000 from the State Department of Health Services to provide public health care to persons newly legalized under provision of the Immigration Reform and Control Act (IRCA), for the period of July 1, 1993 through December 31, 1993.

(3.11) DMS - CSAS - Renewal multiyear contract with Youth Leadership Institute, Inc., in the amount of $240,200 second year, to provide substance abuse prevention and education to students in middle and high schools for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Youth Leadership Institute, Inc. for services totaling $75,000 in FY 1993-94).

(3.12) DMS - CSAS - Multiyear renewal agreement with Driver Performance Institutes to provide first offense Driving-Under-The Influence (DUI) Services for the period of July 1, 1994 through June 30, 1998.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

5. **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95**

6. **CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO PROVIDE HEALTH SERVICES FOR WORKMAN'S COMPENSATION OF CITY EMPLOYEES**

7. **REVIEW OF COMMISSION GUIDELINES FOR IMPLEMENTING THE COMMUNITY HEALTH CARE PLANNING ORDINANCE**

8. **OTHER BUSINESS/PUBLIC COMMENTS***

9. **CLOSED EXECUTIVE SESSION:**

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.8(4), PUBLIC EMPLOYEE ROUTINE PERFORMANCE EVALUATION: EXECUTIVE SECRETARY TO THE HEALTH COMMISSION.

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Arthur M. Jackson
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Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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ADDENDUM

TO

AGENDA

OF THE BUDGET COMMITTEE

September 6, 1994
2:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

The following is to be added to the Budget Committee agenda for the meeting of September 6, 1994:

(3.13) Consideration to accept and expend supplemental funding for the Integrated Community Based Primary Care and Drug Abuse Program in the amount of $250,000 from Health Resources and Services Administration, Bureau of Primary Health Care, to provide close out services for the term of September 30, 1992 to September 29, 1994. In addition, approval is requested for a sole source and modification to the contract with the Support Center to provide funding for the development of a needs assessment to examine the training and technical assistance needs of the Department of Public Health in the amount of $25,000 for the period of July 1, 1994 to September 29, 1994.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 6, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 16, 1994

Action Taken: The Commission unanimously adopted the minutes of August 16, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) DMSF - Supplemental Appropriation in the amount of $1,000,000 in Controller's Reserve to fund selected substance abuse programs for the period between October 1, 1994 through January 15, 1995 due to the loss of Federal Asset Forfeit Seizure funding.

Commissioner Shriver requested clarifying information on the CATS contract be referred to JCC-DMSF. He also expressed concern on BAART since the CARE Council has its concerns on this contractor's audit. A follow-up report will be provided at the JCC-DMSF.

(3.2) DMSF - CMHS - Renewal contract with Regents of the University of California, Langley Porter Psychiatric Hospital, in the amount of $250,000 per year, to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement)

Commissioner Paras requested the contractor to make efforts to communicate to the University on the issue of compliance with Health Commission policy.

(3.3) DMS - CMHS - Multiyear contract renewal contract with Episcopal Community Services (ECS) in the amount of $380,003 to provide mental health community outreach, case management services and substance abuse case management services to the homeless and those at risk of becoming homeless for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Episcopal Community Services for services totaling $406,888 in FY 1993-94).

Commissioner Shriver requested a 6-month progress report to the JCC-DMSF on the Board compliance issue.

(3.4) DMS - CMHS - Renewal contract with St. Francis Memorial Hospital in the amount of $156,750 to provide 24-hour acute psychiatric inpatient services to adult patients for the period of July 1, 1994 through June 30, 1995. (DPH contracted with St. Francis Memorial Hospital for services totaling $156,750 in FY 1993-94).

Commissioner Shriver inquired on the submission of the audit. John Williams, CEO of St. Francis Hospital, reported he did not know but added it would be submitted in a few days.

(3.5) DMS - CMHS - Renewal contract with Family Service Agency of San Francisco in the amount of $3,742,049 to provide Partial day, Outpatient, Case Management and Outreach services for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Family Service Agency for services totaling $3,676,154 in FY 1993-94).

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Due to lack of progress by CPMC regarding compliance to the Health Commission policy on affirmative action of its Board, the Commissioners continued this item to October 18, 1994. The Commission requested a Board member and the CEO of California Pacific Medical Center to attend the October 18, 1994 meeting and present a progress report on its Board composition to the Commission.

(3.7) DMS - CMHS - Renewal contract with Richmond Area Multi-Services, Inc. in the amount of $1,171,614 to provide Multilingual Mental Health Services to residents of San Francisco for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Richmond Area Multi-Services for services totaling $1,875,434 in FY 1993-94).

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Dr. Larry Meredith, recently designated Deputy Director of CSAS and Forensics, requested this item be continued to a future meeting in order to address the Commission's concerns.

(3.12) DMS - CSAS - Multiyear renewal agreement with Driver Performance Institutes to provide first offense Driving-Under-The Influence (DUI) Services for the period of July 1, 1994 through June 30, 1998.

(3.13) Consideration to accept and expend supplemental funding for the Integrated Community Based Primary Care and Drug Abuse Program in the amount of $250,000 from Health Resources and Services Administration, Bureau of Primary Health Care, to provide close out services for the term of September 30, 1992 to September 29, 1994. In addition, approval is requested for a sole source and modification to the contract with the Support Center to provide funding for the development of a needs assessment to examine the training and technical assistance needs of the Department of Public Health in the amount of $25,000 for the period of July 1, 1994 to September 29, 1994.

Commissioner Shriver requested items be brought to the Commission in a more timely fashion.

Action Taken: The Commission unanimously approved items #3.1, 3.2, 3.3, 3.5, 3.7, 3.8, 3.9, 3.10, 3.12, 3.13. Items #3.6 and 3.11 were continued.

Action Taken: Commissioner Chow requested permission to abstain on item #3.4. Commissioners Jackson, Kaufman, Castaneda, Paras and Shriver approved his request.

Commissioners Jackson, Kaufman, Castaneda, Paras and Shriver approved item #3.4.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

LEGISLATIVE UPDATE

Important Dates to Note:

- *August 31, 1994*

The two-year legislative session ended on August 31, 1994. The past three weeks have been particularly frenzied in Sacramento. To receive gubernatorial consideration, all bills had to move out of both houses by midnight on August 31, 1994.

September 30, 1994

The Governor will have until September 30, 1994 to sign or veto all bills passed by the Legislature, on or before September 1, 1994.

- *October 2, 1994*

Bills enacted on or before this date will take effect on January 1, 1995.

Below are a couple of the bills in which the Department has expressed a specific interest. Mélange Matthews, of the Budget and Planning Office will provide a full update on the Legislative Session later this Fall.

AB 2755 (Lee) *Managed Care*:
This bill would allow both Alameda and San Francisco counties to form Local Initiative governing structures. The bill finally passed the Senate Floor on August 30, 1994 and received Assembly concurrence on August 31, 1994. Governor Wilson has until September 30, 1994 to sign or veto this legislation.

AB 2755 includes the State Department of Health Service's "generic" language regarding the Local Initiative. This language would enable counties without specific Local Initiative legislation to form their own Local Initiatives. In addition, AB 2755 fully authorizes a county to provide medical care to members of the county's health service system at public health and hospital facilities. This amendment would enable City and County employees of San Francisco to receive health care services from the Local Initiative managed care program if they chose to.

We anticipate Governor Wilson's signature on this bill. I will provide the Commission with additional information regarding this legislation, subsequent to the Governor's action.

SB 1364 (Marks) *Controlled Substances: Medical Purposes:*
This bill makes legislative findings and declarations, and provides that marijuana be deemed a Schedule II substance for legitimate medical purposes. The bill is on the Governor's desk for consideration. As noted above, he has until September 30, 1994 to sign or veto this legislation. Additional information will be provided in the Fall Legislative update.

AB 2610 (Bronshvag) *AIDS: Clean Needle Exchange and Syringe Exchange Program:* On August 31, 1994 the Senate finally passed this bill. This is the second year in the two year session, advocates of this legislation have sent the bill to the Governor's desk. Given the controversial nature of this legislation, any letters of support should be sent directly to the Governor's attention.

ADMINISTRATION

Announcement of Anne Kronenberg as the new Executive Assistant and Public Information Officer: Prior to joining our Department, Ms. Kronenberg was the Director of the Mayor's Criminal Justice Council (MCJC). Her experience in public safety will enhance my capability to address core public health issues such as violence and medical services to the incarcerated. Prior to MCJC, Ms. Kronenberg worked as the Deputy Director of the SF Art Commission and Chief of Staff to Assemblyman John Vasconcellos. I know the Commission joins me in welcoming Ms. Kronenberg to the Department.

Executive Staff Retreat:

The Executive Staff attended a two-day working retreat on September 1st and 2nd. The three goals of the retreat were to build a cohesive executive team, launch a Department-wide strategic planning effort and identify hot issues for the Department. Given our fast-paced environment, administrators often devote a significant portion of their time to handling multiple crisis situations. The retreat was a useful opportunity to begin to work together in reaching these goals.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Monthly Community Meetings Focus on Residential Parking: SFGH initiated monthly community meetings in April of this year to enhance communication with the Hospital's neighbors on Potrero Hill and the Mission. early meetings focused on security, facilities development and economic vitality. Attendance at meetings has varied between 30-60 neighbors.

Since May, SFGH has been working with neighbors to develop boundaries and hours for a residential parking permit program which will be initiated when the Hospital's new garage opens in 1996. The permit parking program will only be instituted if neighbors approve of the plan via a petition and hearing process. Neighbor response to date has been mostly favorable.

Award Ceremony for the Summer of Safety Peace Posse: SFGH's Violence Prevention Task Force hosted a festive awards event which honored more than 100 youth and community agencies dedicated to ending violence in the City as part of President Clinton's Summer of Safety Program. The event was held on August 24, 199 at the SFGH Carr Auditorium. Mayor Jordan awarded certificates to more than 80 young men and women working in a program dedicated to changing from a culture of violence to a culture of peace. Many of the youth spent the last 10 weeks working with gangs in the Mission, mobilizing parents to unite against violence, teaching diversity awareness and conflict resolution skills to 200 elementary school children, recruiting the support of neighborhood merchant associations to establish 'Business for Peace', and embarking on a proposal for a youth entrepreneurship program. The event was held at SFGH where victims of violence are treated daily.

ENVIRONMENTAL HEALTH

Geneva Towers Update: Last month, I provided the Commission with an extensive update on water quality at Geneva Towers. The following information continues this update. The Department will conduct a comprehensive analysis of the tap water within 50 occupied apartments in Geneva Towers on September 14-16, 1994. The laboratory testing will include lead, copper, iron, chorine, bacteriology and turbidity. Occupants of Geneva Towers who have indicated that they have experienced a water related illness will receive a physical examination on September 13, 1994 at the Geneva Towers clinic. If these residents have children under six years of age, the children will also be screened for elevated blood lead levels.

LAGUNA HONDA HOSPITAL

Medical Staff: I have signed on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

Daniel J. Lerner, M.D.	Hafiza Khan, M.D.
Susan Chortkoff, M.D.	Robert Jellinger, M.D.

Master Plan Update: Anthony Wagner reported that 36 members of the LHH Facilities Master Plan Community Advisory Group (CAG) met on August 15, 1994 to review a facility replacement proposal and the Hospital's 10 year plan. Mr. Wagner introduced the first of several scheduled meetings with opening remarks describing a revised plan which takes into account engineering consultations since the last meeting, which have enabled the project to collapse construction phases and to reduce the project's time and cost. Mr. Wagner noted that bond and other financing elements will be addressed at a subsequent meeting.

Additionally, the CAG reviewed the plan's developmental history, the rising percentage of elderly, and the ongoing need for capacity for head trauma, Alzheimer's, ventilator, geropsychiatric, and AIDS skilled nursing beds. I want to express my strong support for this project. LHH plays a critical role in the community; the CAG is an excellent medium for deliberate planning and community participation.

DIVISION OF MENTAL HEALTH

The following is summary data for 72-hour involuntary detentions (5150s) for the past ten years. The number of detentions has been relatively stable from 1990-91 through 1992-93. We experienced a significant increase (27%) in the 1993-94 fiscal year.

San Francisco has had the highest rate of 5150s per 100,000 population for a number of years (approximately 3 times the statewide rate). The Department recently submitted a grant to collaborate with the University of California, Berkeley to further study this information. A primary component of the research will focus on the relationship between 5150s and assault levels in the community. I will continue to keep the Commission apprised of information associated with this important issue.

San Francisco
72-Hour Involuntary Detentions (5150s)
Number and Rate per 100,000 Population

Fiscal Year	Number	Rate
84-85	6774	942
85-86	6942	937
86-87	7773	1047
87-88	8288	1118
88-89	8037	1123
89-90	7102	1169
90-91	6136	1011
91-92	7376	980
92-93	6466	859
93-94	8320	1106

Operationally, this data suggests the need to continue to aggressively monitor and manage capacity and acuity at our Psych. Emergency Services Unit.

COMMUNITY PUBLIC HEALTH SERVICES

AIDS Office: I am proud to announce that two members of our DPH AIDS Office presented papers at the Tenth International AIDS Conference in Yokohama, Japan. *Valerie Kegebein,* Chief of Prevention presented on "The Cost of Prevention in an AIDS Epicenter". *Susan Buchbinder* Chief of Research, presented on "Predictors of Seroconversion in Vaccine Preparedness Studies of Gay men". Congratulations are also extended to *George Lemp,* who is the lead author of "Seroprevalence of HIV and Risk Behaviors Among Young Homosexual and Bisexual Men," which was recently published in JAMA on August 10, 1994.

Renaming of Health Center Number Two: On Friday, August 19, 1994 the former Health Center #2 was officially renamed the Maxine Hall Health Center. The tender and celebratory re-naming ceremony was attended by over 300 people. Each element of the ceremony affirmed the community commitment to address problems associated with violence, and role of the health center as an active part of that community effort. Maxine Hall's life was cut short due to violence. The ceremony was attended by over 20 of her family members, and the re-naming ribbon was officially cut by her grandson. The keynote address was delivered by Supervisor Willie Kennedy in a ceremony which included recognition of a children's essay contest on the effect of violence in their community, a capella singing, a children's dance performance, a health fair and tour of the health center. Health Commission President Arthur Jackson was also part of the uplifting ceremony which reflected the community relationship which is implied in the principle of *Community Oriented Primary Care.*

Health Clinics Provided Free Immunizations: On August 19-20, 1994, five community health clinics offered free immunizations for children as part of a national immunization campaign. Sponsors of the event included the Department of Public Health, the Mayor's Office of Children Youth and Families, the Children's Defense Fund and the Rotary Club. Participating clinics included Mission Neighborhood Health Center, North East Medical Services, Geneva Towers Medical Clinic, Sunnydale Medical Clinic, and the San Francisco Free Clinic. Professionals from DPH Health Center #3 staffed the Geneva Towers and Sunnydale Medical Clinics. Parents were educated about the need to keep their children properly immunized and over 200 children received immunization shots. Thank you to everyone who supported this worthy effort.

Commissioner Chow requested regular updates on Psychiatric Emergency Services at SFGH.

Commissioner Shriver requested the calendaring of a presentation to the Health Commission from the HIV Prevention Planning Council and the Lemp Report.

5. UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1994-95

Dr. Hernández reported the latest update on the Department of Public Health budget for FY 1994-95, (see Attachment A).

Commissioner Paras requested, as soon as realistically possible, that the Department clearly outlines the service reductions to the Health Commission so that the public sees the true impact of the reductions.

6. **CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO PROVIDE HEALTH SERVICES FOR WORKERS' COMPENSATION OF CITY EMPLOYEES**

Richard Cordova, Executive Administrator of SFGH, presented the following background information:

Unless an employee predesignates their personal physician as the treating physician for an occupational injury, state law gives the employer the right to control the medical treatment of occupationally injured workers for a period of thirty (30) days from the time the injury is reported. Since 1982 initial medical treatment for occupationally injured employees of the City and County of San Francisco has been provided through the St. Francis Memorial Hospital.

In 1994, the Board of Supervisor's Budget Analyst, Harvey Rose, conducted a management audit of the Division of Workers' Compensation. The audit included an assessment of medical services provided to injured City and County employees. The Budget Analyst's report concluded that fees for workers' compensation medical treatment, including services provided through St. Francis Hospital had not been appropriately discounted. The report also indicated that appropriate utilization review and case management were not being provided and that a small number of physician specialists were receiving the majority of referrals for continuing treatment.

The report recommended that the Division of Workers' Compensation competitively bid the medical treatment facility contract and develop an independent panel of referral physicians to provide ongoing medical treatment of occupationally injured employees.

In response to the Budget Analyst's report, San Francisco General Hospital formed a Workers' Compensation/Occupational Medicine Planning Group to evaluate the feasibility of providing workers' compensation medical services.

Expected benefits include:

- Realization of significant workers' compensation cost savings for the Department of Public Health and the City and County as a whole.

- Development of a new source of revenue for the Department of Public Health, San Francisco General Hospital and the University of California, San Francisco.

- Facilitation of the Department's transition to a managed care environment by developing a network of providers, utilization review and case management systems.

- Support the teaching mission of the Department in collaboration with UCSF through the Occupational and Environmental Medicine residency program.

The Division of Workers' Compensation published a Request for Proposals for a Workers' Compensation Medical Treatment Facility on June 24, 1994. On August 11, 1994 San Francisco General Hospital and the University of California, San Francisco, jointly responded as a newly formed partnership called San Francisco Occupational Health Services.

Key characteristics of the San Francisco Occupational Health Services proposal are:

- Creation of a single workers' compensation medical provider organization which will initially have two clinic sites: San Francisco General Hospital Occupational Health Clinic and the UCSF/Mount Zion Occupational Medicine Clinic. Revenues from these clinics will be divided based on actual visits to each site. An already existing occupational health computer system will allow all clinic sites to function as a single entity. Multiple sites increase access and decrease lost time resulting from travel and treatment.

- San Francisco Occupational Health Services will provide a comprehensive and integrated case management and utilization review component which will reduce workers' compensation costs for the Department of Public Health and the City and County as a whole.

- All clinic based physician staff of San Francisco Occupational Health Services hold clinical faculty appointments at the University of California, San Francisco, and are experienced in the medical, legal and administrative aspects of California workers' compensation.

- San Francisco Occupational Health Services will actively work with the City and County of San Francisco to implement Civil Service Rule 35, Return to Work. This will further reduce costs by reducing temporary disability indemnity.

- San Francisco Occupational Health Services will work closely with the Division of Workers' Compensation to develop an expanded referral network, including subspecialty referrals to the San Francisco General Hospital Clinical Practice Group.

- San Francisco Occupational Health Services' multidisciplinary staff can provide industrial hygiene, occupational safety and/or ergonomic evaluations at work sites where injuries have occurred. These services will augment and enhance the already existing Department of Public Health Occupational Health and Safety Program and further reduce work place injury and illness.

Commissioners raised the following concerns:

a) The relationship between Department of Public Health and University of California is not clear.
b) Copies of the proposal submitted for the RFP were requested by Commissioners Chow and Paras but not received.
c) What are the cost savings?
d) How will this proposal inter-relate to existing groups?
e) There are no financial figures attached to this proposal, thereby making it difficult to assess the proposal.
f) There should have been a policy decision made first, prior to submission of an RFP.
g) It is premature to vote on this proposal today. President Jackson emphasized that a policy direction for the Department to provide a workers' compensation medical treatment facility should be decided at the Commission level prior to the actual submission of a proposal.

Dr. Hernández suggested this whole issue be referred back to the JCC-SFGH.

Action Taken: The Commission unanimously approved an amended Resolution #36-94, "Endorsing the Continued Exploration of a Proposal for the Department of Public Health, San Francisco General Hospital, to Provide a Workers' Compensation Medical Treatment Facility", (Attachment B).

Commission requested copies of the full RFP that was submitted to the Division of Workers' Compensation.

The Commission requested the Department to make a presentation to the full Commission in October, after a discussion of the actual proposal at the September Joint Conference Committee of SFGH, (September 13, 1994).

7. REVIEW OF COMMISSION GUIDELINES FOR IMPLEMENTING THE COMMUNITY HEALTH CARE PLANNING ORDINANCE

This item was postponed to a future meeting.

8. OTHER BUSINESS/PUBLIC COMMENTS

None.

The Commission went into Executive Session at 4:20 p.m.

9. CLOSED EXECUTIVE SESSION:

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.8(4), PUBLIC EMPLOYEE ROUTINE PERFORMANCE EVALUATION: EXECUTIVE SECRETARY TO THE HEALTH COMMISSION.

The Commission came out of the Executive Session at 5:25 p.m.

Action Taken: The Commission unanimously elected to disclose no information, except that a routine performance evaluation was given for the Executive Secretary to the Health Commission.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Date: September 6, 1994

To: President Arthur Jackson and
Members of the Health Commission

From: Sandra Hernández, M.D. /SRH

Subject: **1994-95 Budget Update**

In my last Director's report, I stated that the Mayor was proposing $800,000 in line-item vetoes city-wide. Of this amount, $239,570 was earmarked for the Department of Public Health. The Department submitted a written response to the Mayor and Board of Supervisors, indicating that the reductions would adversely impact the Department's day-to-day operations. The Board of Supervisors considered the vetoes at its Monday, August 29, 1994 meeting. At that meeting, the Board voted to override the Mayor's line-item veto for the Department. As a result, these reductions will not take place.

On Monday, August 29, 1994, the Board of Supervisors held its first vote on the proposed increase in the Real Property Transfer Tax. The proposed tax would result in an estimated $9.6 million in general funds to the City and County. This amount is needed to balance the City budget. The Board approved the increase with a 7-3 vote(one member absent). The Board is scheduled to do its second and final vote on the tax increase tomorrow, Wednesday, September 7, 1994. There is a possibility that this item will be continued for another week. In order to implement the proposed tax increase, the Board must have eight affirmative votes to override a previously declared likely mayoral veto.

As an alternative to the Board's proposed tax increase, the Mayor's Office is proposing to reduce the City's 1994-95 expenditure budget by $8.8 million. The Mayor released a tentative budget proposal detailing the $8.8 million reduction to the Board of Supervisors last Monday. I have been in constant communication with the Mayor's Office on this issue. It is my understanding that this proposal is under revision and that the Mayor's Office expects our reduction allocation not to exceed $800,000. I am also encouraged that the Mayor's staff is actively working to reduce this allocation further.

The Department analyzed its salary expenditures for the month of July (FY 94-95) against both a General Fund allocation of $106.7 million and all projected DPH revenues. This analysis suggests that by year end the Department would exceed its salary expenditure capability by approximately $1.5 million. I have relayed this information and my concerns regarding the imposition of additional salary savings on the Department to the Mayor's budget staff. Increased salary savings will worsen this situation by widening the gap between projected salary expenditures and budgeted dollars. The Department simply cannot commit to provide the same level of service with further reductions in its salary accounts. While the Department has sought to preserve services to their fullest extent possible, the imposition of additional salary savings will undoubtedly force the Department to propose service reductions. It is my understanding that the Mayor's Office has not finalized its proposed reductions. I will keep the Commission apprised of any new developments in this matter.

315) 554-2600 101 Grove Street San Francisco, CA 94102

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 36-94

ENDORSING THE CONTINUED EXPLORATION OF A PROPOSAL FOR THE DEPARTMENT OF PUBLIC HEALTH, SAN FRANCISCO GENERAL HOSPITAL, TO PROVIDE A WORKERS' COMPENSATION MEDICAL TREATMENT FACILITY

WHEREAS, initial medical treatment of occupationally injured City and County of San Francisco employees has been provided by the St. Francis Hospital continuously since 1982; and,

WHEREAS, the February 1994 Management Audit of the Division of Workers' Compensation found opportunity for improvement in the provision of medical treatment for occupationally injured City and County employees; and,

WHEREAS, the Management Audit recommends that the contract to provide initial treatment for occupationally injured City and County employees be competitively bid; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will result in a new source of revenue for the Department of Public Health; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will facilitate and expedite the transition to a managed care environment; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities at San Francisco General Hospital will result in workers' compensation cost savings for both the Department of Public Health and other City and County departments; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will assist in the implementation of Civil Service Rule 35, "Return to Work"; now, therefore, be it

RESOLVED that the San Francisco Health Commission endorses the continued exploration of a proposal for the Department of Public Health/San Francisco General Hospital to provide workers' compensation medical treatment facilities for the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 6, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING
September 20, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 6, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda L. Paras)

(3.1) DMSF supplemental appropriation in the amount of $1,687,000 in General Funds to annualize the cost of medical and psychiatric services in the new jail facility, and to provide sufficient salary funding to maintain current level of staffing at the County jails, consistent with the Consent Decree.

(3.2) Fourth Quarter year-end report of revenues and expenditures for Department of Public Health for FY 1993-94

(3.3) Consideration to approve compensation for certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

(3.4) **CHS - WIC** - Requesting approval to apply for retroactively and accept and expend a new grant, the WIC Perinatal Resource Awareness Project, in the amount of $96,492 from the United States Department of Agriculture to provide effective outreach, assessment and referral protocol for the period of October 1, 1994 through September 30, 1995.

(3.5) ***DMS - CMHS*** - Modification of contract with Progress Foundation in the amount of $600,000 per year to provide new service of Transitional Residential Treatment Services (16 beds) for the period of October 1, 1994 through June 30, 1998. (DPH contracted with Progress Foundation for services totaling $3,749,603 in FY 1993-94).

(3.6) ***SFGH - HMS*** - Contract approval, and companion Resolution for Health Management Systems, Inc., (HMS) for the period of November 1, 1994 through October 31, 1998, for Electronic Claims Submission system, Retroactive Claims Reprocessing service, interim Managed Care Consulting service and implementation of a Consolidated Business Office at San Francisco General Hospital (SFGH); all services based on contingency fees from revenues collected. (DPH contracted with Health Management Systems for services totaling $1,627,966 in FY 1993-94).

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

5. **PRESENTATION OF HAZARDOUS MATERIALS ADVISORY COMMITTEE**

6. **PRESENTATION OF THE VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE REPORT**

7. **PRESENTATION OF THE LEAD POISON PREVENTION PROGRAM, THE LEAD POISON PREVENTION CITIZENS ADVISORY COMMITTEE, AND THE LEAD HAZARD REDUCTION CITIZENS ADVISORY COMMITTEE**

8. **PRESENTATION OF THE IMPACT OF THE SINGLE PAYER HEALTH INITIATIVE (PROPOSITION 186) ON THE CITY AND COUNTY OF SAN FRANCISCO**

9. **OTHER BUSINESS/PUBLIC COMMENTS***

10. **CLOSED EXECUTIVE SESSION:**

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A SETTLEMENT FOR EXISTING LITIGATION, SUPERIOR COURT #946-701, HICKS VS. CITY AND COUNTY OF SAN FRANCISCO IN THE AMOUNT OF $25,000

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 20, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman

Absent: Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 6, 1994

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow) adopted the minutes of September 6, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) **DMSF** - Supplemental appropriation in the amount of $1,687,000 in General Funds to annualize the cost of medical and psychiatric services in the new jail facility, and to provide sufficient salary funding to maintain current level of staffing at the County jails, consistent with the Consent Decree.

(3.2) Fourth Quarter year-end report of revenues and expenditures for Department of Public Health for FY 1993-94

(3.3) Consideration to approve compensation for certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

Commissioners requested the actual amount spent for standby pay for FY 1993-94. This item will be continued to the next Commission Budget Committee meeting.

Action Taken: The Commission (Jackson, Kaufman, Castaneda and Chow) endorsed the report in principle, with the understanding that the Department will participate in the implementation phase.

7. PRESENTATION OF THE LEAD POISON PREVENTION PROGRAM, THE LEAD POISON PREVENTION CITIZENS ADVISORY COMMITTEE, AND THE LEAD HAZARD REDUCTION CITIZENS ADVISORY COMMITTEE

This item will be postponed to a future Commission agenda.

8. PRESENTATION OF THE IMPACT OF THE SINGLE PAYER HEALTH INITIATIVE (PROPOSITION 186) ON THE CITY AND COUNTY OF SAN FRANCISCO

Melange Matthew, Budget and Planning, provided an analysis (Attachment C) of the Single Payer Health Initiative and reported the Department is completing financial analyses, which will be available to the Commission prior to the November election.

Commissioner Chow expressed his interest in the financial information and its impact of this initiative on the Department.

9. PUBLIC COMMENTS

Public Speakers: Margaret Verges, CACE, read a letter from Rev. Carter of Hunter's View Resident Management, opposing the consolidation of environmental health and toxics.

Nathan Ratner read letters from Senators Milton Marks and Quentin Kopp, opposing the consolidation.

10. CLOSED EXECUTIVE SESSION:

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONSIDERATION OF A SETTLEMENT FOR EXISTING LITIGATION, SUPERIOR COURT #946-701, HICKS VS. CITY AND COUNTY OF SAN FRANCISCO IN THE AMOUNT OF $25,000

The Commission came out of the Executive Session at 5:30 p.m.

Action Taken: The Commission (Jackson, Kaufman, Castaneda and Chow) approved the recommended settlement of $25,000 and decided not to disclose any other information from the Closed Session.

The meeting was adjourned at 5:40 p.m.

Sandy Guye Mori

Sandy Guye Mori
Executive Secretary to
the Health Commission

Attachment (3)

(3.4) **CHS - WIC** - Requesting approval to apply for retroactively and accept and expend a new grant, the WIC Perinatal Resource Awareness Project, in the amount of $96,492 from the United States Department of Agriculture to provide effective outreach, assessment and referral protocol for the period of October 1, 1994 through September 30, 1995.

The Department is committed to hiring an African American by utilizing the African American waiver.

(3.5) ***DMS - CMHS*** - Modification of contract with Progress Foundation in the amount of $600,000 per year to provide new service of Transitional Residential Treatment Services (16 beds) for the period of October 1, 1994 through June 30, 1998. (DPH contracted with Progress Foundation for services totaling $3,749,603 in FY 1993-94).

(3.6) ***SFGH - HMS*** - Contract approval, and companion Resolution for Health Management Systems, Inc., (HMS) for the period of November 1, 1994 through October 31, 1998, for Electronic Claims Submission system, Retroactive Claims Reprocessing service, interim Managed Care Consulting service and implementation of a Consolidated Business Office at San Francisco General Hospital (SFGH); all services based on contingency fees from revenues collected. (DPH contracted with Health Management Systems for services totaling $1,627,966 in FY 1993-94).

Action Taken: The Commission (Jackson, Kaufman, Castaneda, and Chow)approved the Consent Calendar, except for item #3.3, which will be continued to October 4, 1994

Dr. Hernández submitted a report (Attachment A) which describes possible service reductions to comply with additional General Fund shortfall for FY 1994-95.

4. DIRECTOR'S REPORT

(Sandra Hernández, M.D., Director of Public Health)

See Director's Report, (Attachment B).

5. PRESENTATION OF HAZARDOUS MATERIALS ADVISORY COMMITTEE

Jerry Motak, Co-Chair of the Hazardous Materials Advisory Committee, presented an overview of the 1992-93 Annual Report. Sue Cone, Toxics staff, gave a progress report on the 1993-94 Work Plan.

The Commission expressed its appreciation on the work of the Advisory Committee, but also encouraged the Committee to bring its report in a timely fashion.

The Commission requested the Annual Report for 1994-95 by December 1994.

6. PRESENTATION OF THE VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE REPORT

Julie Faucett, R.N., Ph.D., gave an overview of the 1994 Annual Report of the VDT Worker Safety Ordinance Advisory Committee.

Dr. Hernández reported that the Department supports the report in principle but is also cautious about the availability of fiscal support.

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Arthur Jackson, President and
Members of the Health Commission

FROM: Sandra R. Hernández, M.D.
Director of Health /SRH

RE: Fiscal Year 1994-95 Budget Update: Possible Service Reductions to Comply with Additional General Fund Shortfall

DATE: September 19, 1994

The Mayor's Office has asked the Department to reduce its 1994-95 general fund budget by an additional $800,000 in order to balance the City's $9.6 million deficit. This deficit is a result of the Mayor's veto of the Real Property Transfer Tax increase. The Department has already sustained a $14.2 million (11.7%) reduction in its general fund allocation from fiscal year 1993-94. The Department reduced its proposed fiscal year 1994-95 budget by $30.6 million and significantly increased all potential revenue opportunities. In addition, the Department's 1994-95 budget is $2 million out of balance due to the State revenue shortfalls. I would like to inform you that Department can no longer absorb additional reductions without impacting direct services.

This report summarizes the revenue enhancements, operating/administrative efficiencies and service reductions already incorporated in this year's budget. Finally, the last section of this report describes additional service reductions which would take place if an $800,000 reduction is imposed on the Department's fiscal year 1994-95 budget.

COST CONTAINMENT/ABSORBING UNAVOIDABLE COST INCREASES

The Department developed its 1994-95 budget under the assumption that it needed to contain cost increases and reduce its operating accounts, whenever possible. In doing so, the Department absorbed all unavoidable cost increases totaling $22.24 million in the areas of labor, material management, pharmaceuticals and contractor cost of living adjustments including reductions in the University of California medical services contract.

In addition, in response to the State revenue shortfall, the Department's budget was modified to include $500,000 in undetailed expenditure reductions in both Community Health Services and the Division of Mental Health, Substance Abuse and Forensics. These reductions may occur in the areas of operations, administration and/or services. Both divisions will closely

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monitor their expenditure and revenue budgets to determine if additional reductions will be necessary mid-year.

REVENUE ENHANCEMENTS

For the 1994-95 budget, the Department has continued its trend towards increasing revenues. In total, the Department increased its revenue budget by $26.1 million, and then was asked to further increase its revenues by $4 million in order to absorb the State revenue shortage for a total increase of $30.1 million in revenues. The following chart displays the sources of new revenue.

1994-95 Estimated New Revenues

Revenue Source	*Projected Revenue*
Medi-Care	
Prior Cost Billing at LHH	$ 3,500,000
Increase at DMSF	$ 500,000
SB 910	
Community Health Service	$ 1,600,000
Mental Health, Sub. Abuse & Forensics	$ 1,400,000
Laguna Honda Hospital	$ 200,000
Federally Qualified Health Centers	$ 4,500,000
SB 90 -- Mandated Mental Health Services	$ 3,000,000
Revenue Enhancements at SFGH	$ 5,700,000
Revenue Enhancements at LHH	$ 3,117,000
State Tuberculosis	$ 200,000
Mayor's Office of Children, Youth & Families	$ 480,000
Short Doyle Medi-Cal	$ 2,303,000
Other Revenue Increases	$ 2,597,000
SFGH Undetailed Rev. (Close State Budget Gap)	$ 1,000,000
TOTAL	$30,097,000

The estimated revenues for fiscal year 1994-95 are ambitious. The Department's revenue budget is in a precarious position and it will be a challenge for the Department to meet its revenue targets. Specifically, $5.5 million is dependent upon consultation assistance from Deloitte Touche and the successful implementation of cost report appeals and reductions in accounts receivable at Laguna Honda and San Francisco General Hospitals. In addition, $3 million in additional revenue is due to retroactive reimbursement for state -mandated mental health services provided in prior years. Both of these revenue sources are one-time increases which will not accrue beyond the 1994-95 fiscal year.

OPERATING/ADMINISTRATIVE EFFICIENCIES

The Department has made the following operating and administrative reductions in its 1994-95 budget. These reductions were made to control growth in our expenditures and in lieu of service reductions. The total reduction in this area is $6.2 million.

- Administrative Work Groups: Formed to look at operations and recommend changes in delivery and/or performance in services. The work groups explored a variety of options from, streamlining to contracting out.

Dietary	$ 300,000
Materials Management	$1,500,000
Laundry	$ 200,000
Sub-Total	$2,000,000

- Physician Expenditure Reduction: Part of reorganization. Reduce administrative duties assigned to physicians. This enables Department to assign more clinical duties or reduce physician hours. Enhanced provider productivity will result.

SFGH	$ 550,000
DMSF	$ 20,000
CHS	$ 305,844
Sub-Total	$ 875,844

- Reorganizations: To create integrated delivery system of health care. Necessary for survival under healthcare reform.

Primary Care	$ 600,500
Conservatorship	$ 300,000
CMHS/CSAS Management Integration	$ 150,000
CSAS	$ 405,000
BEHS/Toxics Consolidation	$ 300,000
Epid., Disease Control & AIDS	$ 402,700
Sub-Total	$2,158,200

- SFGH Capital Reduction: Reductions include deferring facilities maintenance and delaying other necessary code compliance capital projects. The total reduction was $1,000,000.

- Operating Reductions: Miscellaneous reductions were also taken in various operating expenditures within the Department. The reductions totaled $200,000.

SERVICE REDUCTIONS

The Department could not meet its general fund target through cost containment, operating and administrative reductions and new revenues alone. As a result, the Department was forced to reduce vital services (see attachment). A loss of federal grant funds continues the threaten substance abuse treatment services.

Mental Health service reductions included a reduction of 10 beds from Napa State Hospital and 17 beds from locked skilled nursing psychiatric facilities. It should be noted that at this point, the emergency and acute mental health treatment system exceeds capacity and that the census at Napa State Hospital and the locked skilled nursing facilities exceed their budgeted levels. Furthermore, programs within the community-based continuum of care have limited admissions only to the most acute and severely ill mental health clients. This severely disrupts clients access to appropriate mental health services.

Funding for offender services at the Center for Special Problems were initially eliminated in the proposed 1994-95 budget. The Board of Supervisors restored six-months' funding for this program through a re-appropriation of general funds from the Police Department to DMSF. An additional $400,000 is required to continue offender services from January 1995 to June 1995. Funds have not yet been identified to continue these services beyond December 31, 1994.

In the area of substance abuse treatment, outpatient and residential treatment services formerly funded through federal Asset Forfeit Seizure dollars have been compromised. There are thirteen programs serving 841 clients who can only be assured of general fund support for the first quarter of 1994-95. A reserve of $1 million has been established by the Board of Supervisors to fund the services for second quarter of 1994-95. However, without a revenue package of $9.6 million, there is an insufficient City reserve from which to draw down a supplemental appropriation request. The Department continues to seek federal grant funding to continue the drug treatment services through the end of the fiscal year. In addition, the Sheriff has informed the Department that as of January 1995, it will discontinue $1.5 million of drug treatment services currently provided as alternatives to incarceration. While these services are not part of our budget, clients displaced from the Sheriff's drug treatment programs will undoubtedly compete with our existing client caseload for similar services.

The Department reduced a total of $220,000 in non-direct health services programs within the AIDS Office. The service reductions included Project Open Hand Food Bank, San Francisco AIDS Foundation newsletter and the Shanti Project's Caregiver Training program. These indirect services were reduced in lieu of reducing programs which provide direct treatment services to AIDS clients.

DEPARTMENT OF PUBLIC HEALTH
SERVICE REDUCTIONS FOR 1994-95

Description	General Fund Reduction	Revenue Reduction	Grant Reduction	Total Reduction	Total FTEs Affected
Community Health Services, AIDS Division					
Shanti Project	36,080	0	0	36,080	0
Project Open Hand Food Bank	156,750	0	0	156,750	0
San Francisco AIDS Foundation	27,170	0	0	27,170	0
Total Reductions	220,000	0	0	220,000	0
DMSF, Mental Health Services					
Napa State Hospital	1,000,000	0	0	1,000,000	0
Crestwood Hospitals	500,000	0	0	500,000	0
Center for Special Problems	400,000	0	0	400,000	9.5
Total Reductions	1,900,000	0	0	1,900,000	9.5
DMSF, Substance Abuse Services *					
18th Street Services	0	0	45,000	45,000	0
Asian American Recovery Services	0	0	75,000	75,000	0
Bay Area Addiction Res. & Treatment	0	0	275,397	275,397	0
Baker Places	0	0	52,500	52,500	0
SFGH Substance Abuse Clinic	0	0	89,121	89,121	0
The Iris Center	0	0	14,019	14,019	0
Westside Community Mental Health	0	0	15,242	15,242	0
Walden House - Residential Program	0	0	1,036,338	1,036,338	0
Chemical Awareness & Treatment Srvs	0	0	270,559	270,559	0
Horizons Unlimited	0	0	45,000	45,000	0
Haight Ashbury Free Clinic (Glide)	0	0	135,000	135,000	0
Haight Ashbury Free Clinic	0	0	186,923	186,923	0
Bayview Hunters Point Foundation	0	0	251,528	251,528	0
Total Reductions	0	0	2,491,627	2,491,627	0
Total Proposed Service Reductions	**$2,120,000**	**$0**	**$2,491,627**	**$4,611,627**	9.5

* These Community Substance Abuse Services are funded until October 1, 1994 through the General Fund. They were previously funded by a grant which was awarded for one year only and expired on June 30, 1994. Funds have been identified for the months of July to September 1994 to continue these services. In addition, a $1 million reserve has been set aside to continue these service for 3.5 months if federal funds are not forthcoming by October 1, 1994. The figures above represent the funding which will be necessary to continue these programs from October 1994 to June 1995.

FUNDING DEFICIENCIES DUE TO EXCESS SALARY SAVINGS

Salary savings represent unexpended funds for employees salaries. The Department had proposed salary savings of $21.9 million in its initial budget submission. During the latter part of May 1994, considerably late in the budget process, the Mayor's Office imposed an additional salary savings requirement on the Department of $2.45 million. Increased salary savings was applied to Community Health Services ($543,000), San Francisco General Hospital ($1,474,400) and the Division of Mental Health, Substance Abuse and Forensics ($439,100) to meet this new request. The Mayor's Office did not impose additional salary savings on Laguna Honda Hospital because the hospital has a small general fund allocation for 1994-95.

The Department must achieve a total salary savings of $24.3 million in 1994-95.

TOTAL SALARY SAVINGS BY DIVISION

Division	Salary Savings	Sal Svgs Percent	No. of Positions
CHS	$ 3,543,025	10.94%	74
DMSF	$ 3,442,843	11.46%	64
LHH	$ 5,216,750	7.31%	120
SFGH	$12,136,227	10.32%	283
Total	$24,338,845	9.68%	541

The Department remains committed to seeking ways to avoid negative impacts on services. CHS, DMSF, LHH and SFGH are proposing to aggressively manage their workforce expenditures to continue providing services within its reduced salary budget. However, even with management controls, the Department may be required to reduce services and lay-off staff. Based on the first two pay periods of this year the Department has a $2 million deficit in its salary accounts. At the end of this quarter, the Department will review its revenues and expenditures to determine when and if layoffs and service reductions will occur to correct this deficit.

ADDITIONAL $800,000 GENERAL FUND REDUCTION -- SERVICE IMPACT

The current City budget contain a $9.6 million increase in the Real Property Transfer Tax. The Mayor has vetoed this tax increase and has instead proposed expenditure reductions in the amount of $8.8 million to offset this proposed revenue increase. The Mayor's Office staff has established a reduction target of $800,000 to the Department's general fund allocation by further increasing the Department's salary savings requirement. I have relayed my concerns regarding our ability to meet additional salary savings without impacting service capacity to the Mayor's budget staff. Increased salary savings will worsen our financial situation by widening the gap between projected salary expenditures and budgeted dollars. The Department simply cannot commit to the same level of service with further reductions in its salary accounts. An additional reduction of $800,000 reduction will undoubtedly force the Department to propose service reductions. Should this reduction be taken, the following service reductions would have to be reconsidered:

- Mission Neighborhood Health Center ($101,000): This reduction would eliminate the general fund allocation to this agency which provides primary medical service to homeless individuals and residents of the Mission neighborhood district. On an annual basis 190 clients would not be served. Services would discontinued effective November 1, 1994.

- Contractual Services-- Pregnant Adolescents ($126,000): This reduction would eliminate the general fund support for counseling and prevention service to pregnant adolescents, their mothers and their infants. These contractual services have not yet begun. Therefore, existing clients would not be impacted; however, funding for approximately 2200 units of counseling services would be eliminated annually.

- Public Health Nursing ($100,000): Funding for three public health nursing positions would be eliminated. A portion of these services had been previously restored by the Board of Supervisors. This reduction would result in the loss of 2,000 home health visits to 300 adult and children who are at risk for poor health outcomes.

- U.C. Langley Porter Hospital ($83,000): This reduction would eliminate approximately one-third of acute inpatient hospitalization for children who do not qualify for Medi-Cal reimbursement. A total of 24 children will not receive needed hospitalization, or will receive shorter lengths of stay.

- Audrey L Smith Center ($66,000): This reduction would eliminate the mental health component to this Social Service program. The program provides day services to small children who are at high risk for out-of-home placement. This mental health program would be eliminated on November 1, 1994.

- Tenderloin Self-Help Center ($49,000): This reduction would eliminate just under 10% of the general fund support for drop-in services, counseling workshops and peer support to homeless individuals. This reduction would result in 2,327 fewer client encounters and an inability to secure entitlement benefits for 54 clients.

- Laguna Honda Hospital Nursing ($100,000): This reduction would increase the Hospital's salary savings requirement, resulting in an additional two nursing vacancies within the existing programs. Laguna Honda's current payroll is already higher than the available funding in the salary accounts. This additional requirement would increase the vacancy rate for critical nursing staff at Laguna Honda, contribute to increasing errors which will negatively effect quality and increase workers compensation claims due to stress from increased workload.

- SFGH Poison Control Center ($175,000): This reduction would eliminate more than half of the Department's contribution to this regional program, which provides a 24 hour hotline servicing the San Francisco and Bay Area. This reduction would effect San Francisco residents access to the Poison Control Center services, which may result in increased use of emergency rooms and the 911 emergency system, and may increase morbidity and mortality due to poisoning.

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Health Commission Meeting
September 20, 1994

DIRECTOR'S REPORT

BUDGET UPDATE

Additional $800,000 Reduction The Mayor's Office has asked the Department to reduce its 1994-95 general fund budget by an additional $800,000 in order to balance the City's $9.6 million deficit. This deficit is a result of the Mayor's veto of the Real Property Transfer Tax increase. A memo detailing the Departments response is attached.

ADMINISTRATION

Managed Care Update I am pleased to announce the Governor has signed AB 2755. This statute will enable both Alameda and San Francisco counties to form Local Initiative governing structures. In addition, AB 2755 will allow counties without specific Local Initiative legislation to form their own Local Initiatives. I would like to commend Margaret Kisliuk, the City's lobbyist, for her work in spearheading this effort. Ms. Kisliuk worked tirelessly in Sacramento lobbying on our behalf and dealing with the numerous proposed amendments to the bill.

The State Department of Health Services has decided to adhere to its Strategic Plan and retain its commitment to the two-plan model. Over the past few months, DHS and the Legislature were lobbied extensively to abandon the basic tenet of the Strategic Plan and allow multiple commercial plans to operate in the designated managed care counties. This shift in approach could have seriously jeopardized the viability of indigent care safety net providers. The Department supported local flexibility in the development, planning and implementation of Medi-Cal managed care.

While DHS will retain the two-plan model, the State will also solicit multiple commercial plans in counties where no single commercial plan qualifies under the two-plan model. DHS has made assurances that any new procurement process for multiple commercial plans would involve local government entities. The State is still planning to release its Request for Applications for the single commercial plan on September 30th. Any commercial HMO interested in being designated as the commercial plan will be required to successfully complete this RFA process. Responses will be due December 22, 1994.

415) 554-2600 101 Grove Street San Francisco, CA 94102

DHS is in the process of finalizing the Medi-Cal capitation rates for the 13 counties. A 22 month (December 1995-September 1997) capitation rate will be established for all local initiatives on a non-bid basis. Local initiatives with safety net and disproportionate share providers will receive higher capitation rates. The capitation rate will be based solely on aid codes and will not be adjusted for age and gender. The final capitation rates are tentatively scheduled for release at the end of October. When this rate is received, San Francisco providers will be able to determine their revenue stream for providing medical services to recipients under Medi-Cal managed care.

Proposition 187 The Board voted unanimously (8-0) yesterday on Supervisor Leal's resolution opposing Proposition 187. Important factors in the Board's decision were the resolutions passed by: the Health Commission, Department of Social Services and the Police Commission. The Department is preparing to forward an impact statement to the Mayor on the negative financial ramifications Proposition 187 would pose to San Francisco.

Crime Bill Update The $30.2 billion Crime bill was finally approved by the House and Senate in late August and signed by President Clinton. Formally known as the Violent Crime Control and Law Enforcement Act of 1994, it is a massive federal domestic spending program. Programs identified in the Crime bill are designated in three different funding categories: 1) Grant programs with FY95 appropriations; 2) Grant programs with a FY95 authorization, but do not yet have a FY95 appropriation, and 3) Grant programs not authorized until FY96 or beyond. As such the only programs with guaranteed levels of funding are those in category one, with FY95 appropriations.

Program	Authorization	Appropriation
Community Policing	1,332,000,000	1,300,000,000
Violence Against Women	85,000,000	26,000,000
Drug Courts	100,000,000	29,000,000
Byrne Formula Grant	580,000,000	450,000,000

The majority of funds appropriated for FY95 are dedicated to the development of the Community Policing program. The money allocated in the Violence Against Women category is aimed at developing and strengthening victim services in cases involving violent crimes perpetrated against women.

Drug Court funds are intended to provide continuing judicial supervision of non-violent offenders and integrated administration of other sanctions and services, including: periodic testing for the use of controlled substances; diversion, probation and other supervised release involving the possibility of prosecution; and programmatic offender management and aftercare services.

Commission on the Environment The Board of Supervisor's Commission on the Environment (COE) issued its final report last week. I have requested COE staff conduct a briefing for the Health Department Executive Staff in October and subsequently for the Commission.

Managerial Excellence Award Congratulations to Bob Prentice, Director of Community Health Services and Gene O'Connell, Associate Administrator for Clinical Services at SFGH for winning the Public Managerial Excellence Award sponsored by the San Francisco Chamber of Commerce. The awards ceremony will take place at the Westin St. Francis November 4th. These awardees, as well as the other DPH nominees reflect the professional work ethic of our Department. We are extremely pleased to have the Department win 2 out of the 5 awards granted this year.

SAN FRANCISCO GENERAL HOSPITAL

Nursery Incidents There were two security incidents this week in the SFGH nursery. The first involved an infant abduction by a woman who had represented herself to Hospital officials as the child's Aunt. It appears she told the mother of the infant that she was an interpreter for the hospital. The second incident occurred when an infant on police hold was abducted by her own mother. In both cases the babies were back in the nursery within hours.

In light of these incidents, the policies and procedures governing the nursery are being reviewed and revised as necessary. The Hospital's quality improvement process will issue a report to be presented at the next Joint Conference Committee.

We will continue to closely monitor policies and practices until the new nursery opens in December. The new facility is designed with state of the art security devises aimed at controlling access.

Pacificare Contract Negotiations are underway for the Department's first capitated contract with an HMO for Medi-Cal patients. A special SFGH Joint Conference will review the draft contract.

Janitor Appreciation Week To celebrate Janitor Appreciation Week, both SFGH and Laguna Honda Hospital sponsored a variety of festivities including a reception Thursday evening. It was a pleasure to have the opportunity to recognize these fine men and women who keep our hospitals clean.

LAGUNA HONDA HOSPITAL

Annual Licensing and Certification Survey The annual unannounced State Department of Health Services (DHS) L&C Survey began last week. A total of twelve surveyors are coordinating the survey. It will continue through September 29th. The results of the survey will be reported to the Joint

Conference Committee October 20th, and to the full Commission at the first meeting in November.

Additional 30 Beds Effective October 1st, ward C-2 will be reactivated as a patient ward and will be identified as the Hospice/Palliative Care ward. The ward will contain 30 beds. The current AIDS/Hospice ward, 0-4, will become a HIV/AIDS/Skilled Nursing Facility (SNF) ward with 14 beds designated as HIV/AIDS beds and 15 beds designated as female SNF beds. These 15 beds will be utilized as flex beds, with SNF patients temporarily housed there, to be moved if AIDS referrals increase. The reconfiguration of these beds leads to an overall increase of 30 beds to the Hospital census.

Water Shortage Laguna Honda Hospital experienced a water shortage September 5th. It was discovered the on-site water tanks were almost empty. All Hospital Departments were immediately alerted to the situation. The high volume water-consuming laundry equipment was shut down, and water was limited to essential patient care services.

When water pumps failed to refill the tanks adequately (due to water consumption during peak hours), the San Francisco Fire Department was called for assistance. The Fire Department dispatched a pumper truck and filled the tanks with a four inch hose. The water supply was stabilized by 9:00 p.m.. At no time was quality patient care adversely affected. Staff should be commended for their professional efficient management of the situation.

The apparent source of the problem was a faulty gauge or electrical transmitter that malfunctioned. Water levels are being manually monitored until a thorough evaluation and repair of the system is completed.

City and County Senior Services Plan Concept Approved Monday, the Board of Supervisors approved the concept of the City's Senior Services Plan. This Plan represents over two years of planning by the Senior Services Plan Task Force. Much of the credit of successful and unanimous approval of the Plan by the Board goes to the two co-chairs, Sandy Mōri and John Blumlein.

Geriatric Journal Club LHH is now the site for an evening geriatric journal club. The journal club has been meeting for several years, led by Jay Luxembourg, M.D., a geriatrician from U.C./Mount Zion. The journal club will meet every other month to discuss journal articles relevant to the care of geriatric patients.

Recent Psychiatric Paper Penelope Zeifert, Ph.D. and Alicia Boccellari, Ph.D. recently released a paper in the journal, Psychiatric Clinics of North America relating to HIV and dementia.

Employee Recognition Dinner and Dance LHH will sponsor the annual Employee Recognition Dinner and Dance on Thursday, October 13th, at the Irish

Cultural Center. This year 289 employees will be honored, representing over 2600 years of service. Tickets are $22. The Commission is invited to join us at this annual event.

COMMUNITY PUBLIC HEALTH SERVICES

District Attorney's Condom Policy The District Attorney announced last week that his office would no longer use the possession of condoms by suspected sex workers as evidence in prostitution cases. The Department of Public Health encourages the use of condoms when engaging in sexual activity as the most effective method of preventing STD's including HIV. A number of us wrote letters to the District Attorney last summer suggesting he reexamine the policy in light of potential public health risks. The Board of Supervisors passed a resolution in June encouraging the policy be overturned. It is gratifying to know that the District Attorney's policy has been discontinued.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Drug Court Award Community Substance Abuse Services received a $300,000 award from HHS, the Center for Substance Abuse Treatment, for its Drug Rehabilitation Court proposal. The grant application was the cooperative effort of a working group involving: the Mayor's Office, Municipal Court Judges, District Attorney, Public Defender, Sheriff, and Probation Department. Special thanks goes to Judge Tomar Mason whose leadership brought this working group together in December 1993 to begin formulating a Drug Court plan.

This $300,000 grant will act as seed money for a modest pilot program. The Drug Court working group will apply for further money through the Crime Bill. Once implemented the Drug Court will help alleviate jail overcrowding by identifying and treating those offenders with substance abuse problems.

Inhalant Use Hearing September 14th, a committee of the San Francisco Drug Abuse Advisory Board held a public forum on inhalant use. The hearing was attended by members of the public, drug treatment service providers, staff from the AIDS office and medical professionals.

Testimony was heard on the current state of "popper" usage and proposals for point of sales warnings about its effect on HIV transmission and AIDS. In addition *huffing*, (inhaling household, volatile solvents for a quick high) was discussed.

The committee will bring a series of recommendations back to the full Drug Abuse Board. These include: 1) Review of a recent CDC study and information from NIDA about the physical effects of popper usage; 2) Identify funding to update and reproduce literature on popper use and HIV; 3) Contact the SF Board of Education to encourage the inclusion of popper use into substance abuse curriculum; 4) Coordinate with the Ryan White Care Council to support future point of sale legislation; and 5) Solicit information on *huffing* to determine

if this is a new trend among youth, or if usage has been confined to isolated incidents.

Sheriff's Drug Treatment Beds Defunded Recently the Sheriff informed the Department that as of December 31, 1994, they were no longer funded for 70 residential drug treatment beds. These beds not only provided appropriate treatment services for individuals convicted of drug related crimes but also provided relief from jail overcrowding. Elimination of these beds represents a further strain on the already stressed residential drug treatment system.

DMSF/SFGH Linkage Service demand in the Psychiatric Emergency Services has increased by 21% over the past year. This growth trend has put considerable pressure on the program, its staff, and the mental health system in general. The high census and acuity levels of patients creates exposure through increased risks to the health and safety of patients and staff alike. The causes for this phenomena are multi-faceted. The general belief is that this is a trend and not just a "spike" in the graph. A review of the increased utilization is being analyzed.

The Department of Psychiatry should be commended for its extraordinary efforts to keep its doors open to avoid closure and diversion. The Department of Psychiatry in collaboration with the Mental Health/SFGH Linkage Committee will be developing a proposed plan of action to address the many issues raised by this crisis. Options to be considered in the short-term include, increasing acute bed capacity on a flexible basis, enhancing case management services and expanding overall treatment capacity at different levels of care. In the longer term, the new Mental Health Rehab Facility will be a critical component in addressing the capacity problems and the growing gridlock in the residential system.

The Commission will be briefed on developments and forwarded policy recommendations as we analyze the various options to address the problems.

BUREAU OF ENVIRONMENTAL HEALTH

Geneva Towers Update Results from the preliminary water testing of Geneva Towers have begun to arrive from the certified laboratory in Millbrae. Environmental Protection Agency standards for lead are 15 ppb. Five of the 45(+) first-draw samples showed lead levels at 15 to 20 ppb. Flushed samples were also collected and are being analyzed to determine what the lead levels are when water is allowed to run for three minutes prior to being used. The results of the analysis on these five samples should be completed by Thursday, September 22. All bacteriological results were negative. The results on the copper analysis are due today.

It is anticipated that flushed sample results will meet EPA standards for lead which is consistent with the San Francisco Water Department notification to all City water users to let their water run for a few minutes each morning prior to consumption. It should be noted that California DHS lead allowances are 50 ppb.

AUGUST STATISTICS

AIDS Statistics (from 7/1/81 to 8/31/94)

Total San Francisco cases:	20,054
Total San Francisco deaths	13,021
Total S.F. cases for August	*202
Total S.F. deaths for August	260

*Includes 150 cases meeting the new definition of AIDS
Includes non-residents treated in S.F.

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	271.4
Newborn Nursery:	16.6
Actual Patient Days (except newborns)	8,413
Newborn Nursery:	515
Admissions (except newborns):	1,407
Newborn Nursery:	153
Average Length of Stay (except newborns):	5.9
Newborn Nursery:	3.7
Discharge Patient Days (except newborns):	8,512
Newborn Nursery:	598
Discharges (except newborns):	1,431
Newborn Nursery:	161

Outpatient Visits

Primary Health	10,743
Family Health:	3,029
General Medicine:	2,077
Pediatric:	2,751
OB/GYN:	2,259
Specialty Clinics:	10,743

Non-admit Emergency Visits

Emergency Room:	4,865
Psychiatric Emergency Services:	413
Psychiatric Emergency Consults:	102

Laguna Honda Hospital

Average Daily Census:	1,111
Acute Services:	9
Clarendon Hall:	163
AIDS/Hospice SNF:	26

Mental Health

SFGH/Acute Psychiatric Beds:	81
Community Acute Psychiatric Beds:	13

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,629
Health Center #2:	578
Health Center #3:	968
Health Center #4:	1,333
Health Center #5:	1,134

Tom Waddell Clinic:	2,939
Potrero Hill Health Center:	634
Southeast Health Center:	657
Special Programs for Youth:	2,190
TOTAL VISITS:	12,062

Disease Control

TB Clinic:	1,941
City Clinic:	2,003

SSI Clinic Monthly Report

Referrals to Triage	2,897
No Shows	226
Seen by Triage	2,691
Significant Findings:	
Homeless	700
Medical Problems	1,180
Psychological Problems	1,278
Med & Psych Problems	233
Referrals:	
Pt. Referral	284
Advocacy Unit	228
Workfare/Job Search	619
Future Re-eval by Triage	1,556
Referrals to Advocacy Unit	
Case Management Referrals	228
SSI Assistance	90
SSA Assistance	7
Admin Law Judge Appeal	44
No Shows	21

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 9/03/94			*Year-to-date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	187	295	203	1286	3859	1620
Campylobacteriosis	80	51	68	482	430	399
Giardiasis	18	59	43	184	216	258
Hepatitis A	19	13	54	265	136	169
Hepatitis B	4	7	8	56	48	51
Salmonella	17	20	24	111	131	109
Shigella	51	35	30	205	161	138
TB	29	34	25	241	243	189
Gonorrhea	270	228	203	1862	1561	1446
Syphilis	31	15	4	269	108	56

* Resident cases only

QUARTERLY REPORT TO JOINT CONFERENCE COMMITTEE

FIRST QUARTER: ACADEMIC YEAR 1994-1995						
- The denominator to the reappointments are unsubmitted applications for that month.		**July'94**	**Aug.'94**	**Sept. '94**	**Total**	**YTD Total**
Active Staff: *	Appointments	1	4		4	5
	Reappointments	10/7	11/6		11	21
Courtesy Staff: **	Appointments	4	11		11	15
	Reappointments	13/15	19/8		19	32
Affiliated Staff: ***	Appointments	0	0		0	0
	Reappointments	3/2	0/1		1	3
Reduction in Privileges:	Administrative	1	0		0	1
	Disciplinary	0	0		0	0
Increase in Privileges:		1	0		1	3
Resigned: ****		13	21		21	34
Deaths: *****		0	0		0	0

* 1 Anesthesia, 1 Family & Community Medicine, 1 Neurology, 1 Surgery

** 1 Anesthesia, 3 Emergency, 2 Medicine(Internal Medicine, Cardiology), 2 Ophthalmology, 3 Pediatrics

*** None

**** 1 Dermatology, 3 Emergency, 1 Family & Community Medicine, 2 Medicine (Internal Medicine, Outpatient), 2 Neurology, 3 Ob/Gyn, 1 Oral & Maxillofacial Surgery, 2 Ophthalmology, 5 Pediatrics, 1 Psychiatry

***** None

(forms\jtconcrd.rpt-49)

THE CALIFORNIA HEALTH SECURITY ACT
PROPOSITION 186, THE SINGLE PAYER INITIATIVE

PLAYERS

Proponents: Cal. Physicians Alliance, Cal. Nurses Assoc., Health Access, Consumers Union, Cal. AARP, labor unions, and community organizations

Opponents: CAL-TAX, CAHHS, CAHMO, CMA, insurer and provider associations, Chamber of Commerce, Nat. Fed. Independent Bus.,business groups

BENEFITS

All medical care reasonable and necessary for prevention, diagnosis, or treatment, as determined by a patient's provider, subject to Health Security System Advisory Board guidelines, including

- inpatient and outpatient medical
- mental health
- prescription drugs
- full long-term care (phased-in)
- some dental care (phased-in)

Copays for prescription drugs, room & board, "elective" services, outpt. mental health (1st year)

ELIGIBILITY

- All California residents as defined in Govt. Code Section 244 subject to action by Legislature.
- Facilities and providers participating in the Cal. Health Security System would be required to furnish covered services to all persons regardless of their residency status.

GOVERNANCE

Administered by a new, state-wide elected official, the Health Commissioner, assisted by:

- Regional administrators
- Expert Advisory Board
- Consumer Council

BUDGETING/REIMBURSEMENT

Global budgets for:
- Entire system
- Capitated Systems
- Fee-for-Service Providers
- Each region
- Health Care Facilities

Maximum administrative costs: 4% of global budget for entire system

Earmarked accounts: capital allocation, public health & prevention, research, worker retraining

COST CONTAINMENT MECHANISMS (in addition to Global Budget & Copayments)

- Limit increase in global budgets to state GDP and pop. growth
- Cert. of Need for capital expend. above $500,000
- Prescription drug formulary
- Reduction in providers' global budgets to "correct for" over utilization of services

REVENUE SOURCES (Total ranges from $86 to $105 billion. See table for details.)

Income tax of 2.5% and surtax for wealthy

Payroll tax of 4.4 to 8.9% depending on firm size

Tobacco tax of $1 per 20 cigs. or equivalent

Existing federal, state, local govt. programs

EXPENDITURE ESTIMATES (See table for details.)

Range from $4 billion surplus to $21 billion deficit depending on assumptions re demand for care.

EFFECTIVE DATE

January 1, 1996, for all taxes and all benefits except long-term care and dental.

THE CALIFORNIA HEALTH SECURITY ACT

CRITICAL ISSUES FOR THE DEPARTMENT OF PUBLIC HEALTH

Global Budgeting

Advant.:
- If the federal government permits, all revenue sources would be combined into a single stream, reducing DPH administrative expenses associated with complying with the requirements of multiple funding sources.
- Public facilities and community health centers have priority for capital expenditures for at least the first three years.

Disadvant.:
- Reduces DPH's flexibility to manage its own financial resources.
- Puts DPH at risk for costs that exceed annual budget set by Health Comm.
- Imposes new restrictions on capital expenditures.
- Risk adjustment methodology may not be accurate and equitable.
- Requires sophisticated, standardized management information systems.

Section 17000 Obligation

Counties would continue to be subject to the indigent care requirements of section 17000 but no funds are allocated specifically for that purpose. Unclear that county indigent care funds funneled into Health Security System would be reallocated directly to counties for these services.

FQHC Reimbursement

Does not specify whether FQHCs will continue to receive cost-based reimbursement from Medi-Cal; would depend on whether HCFA grants a Medi-Cal waiver and under what terms

Nurse Staffing Ratios

The Health Commissioner would establish nurse staffing ratios for all delivery settings. DPH could not increase ratios at its facilities without approval by the Health Commissioner following 60 day period for public comment. Appeal via administrative hearing.

Treatment Protocols

Treatment protocols established by the Health Commissioners Advisory Council would be used to determine providers' global budgets. There is a risk that financial considerations could result in unduly restrictive protocols, especially for high risk patients.

Market Share

Overall demand for health care services would increase, especially for long-term care and mental health services. Uninsured persons and Medi-Cal recipients currently using DPH facilities would have access to a wider array of providers. Some will likely seek care through providers that are closer to their homes or have shorter waiting times for services and more attractive amenities.

Impact on California Economy

New payroll taxes could prompt some firms to freeze or reduce wages, lay off employees, or relocate to other states. Extent of relocation will depend on national health care reform legislation. New income taxes could lead some persons to voluntarily reduce their work hours. Such actions could significantly reduce tax revenues available to finance Health Security System.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Melinda L. Paras
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

October 4, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
SEP 30 1994
SAN FRANCISCO
PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2: 00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 20, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda L. Paras)

(3.1) ***Administration*** - Amending the Administrative Provision of the Annual Appropriation Ordinance to add a provision whereby the Department of Public Health is authorized to generate revenues and accumulate cost savings though a contract, and to appropriate a percentage of such revenues and cost savings to pay the costs of said contract.

(3.2) ***Administration*** - New contract with Deloitte and Touche to provide operational and financial analysis for healthcare reform for a contingency fee of a percentage of revenues generated and cost savings accumulated for the period of Controller Certification of contract through June 30, 1998.

(3.3) ***CHS - STD Control*** - Requesting approval to apply for, accept and expend a new grant in the total amount of $1,646,513 from the Centers for Disease Control to perform research and evaluation activities to prevent infertility due to sexually transmitted diseases (STD) for the term of September 30, 1994 to September 29, 1998. In addition, approval is requested for a sole source and new contract with UCSF in the amount of $242,092 for the period of one year from certification and $1,062,046 for the next three years to provide specialized chlamydia laboratory services and research, evaluation and surveillance activities. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.4) ***CHS - Epidemiology*** - Modification to the contract with UCSF, School of Medicine in the amount of $29,350, to provide assistance in the development and delivery of STD training curricula to health professionals, for the period of April 1, 1994 through June 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.5) ***CHS - Newcomers Program*** - Requesting approval to accept and expend a subvention grant in the amount of $387,000 from the State Refugee Health Program to provide preventive health services to newly arrived refugees and immigrants for the term of October 1, 1994 through September 30, 1995.

(3.6) ***CHS - Family Health*** - Multiyear contract renewal with Planned Parenthood in the amount of $265,546, to provide clinical and community outreach services for the period of September 30, 1994 through September 29, 1995. (DPH contracted with Planned Parenthood for services totaling $676,608 in FY 1993-94).

(3.7) ***DMS - CMHS*** - Reconsideration of the renewal contract with California Pacific Mental Health Services in the amount of $5,292,063 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Mental Health Services for services totaling $10,457,674 in FY 1993-94).

(3.8) ***DMS - CMHS*** - New contract and Sole Source request with San Francisco Study Center in the amount of $229,000 per year to act as fiscal agent for the Office of Self Help for the period of October 1, 1994 through June 30, 1998.

(3.9) ***DMS - CSAS*** - Reconsideration of the renewal multi year contract with Youth Leadership Institute, Inc., in the amount of $240, 200 second year, to provide substance abuse prevention and education to students in middle and high schools for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Youth Leadership Institute, Inc. for services totaling $75,000 in FY 1993-94).

(3.10) ***DMS - CSAS*** - Renewal contract with Eclectic Communications, Inc., in the amount of $67,150 to provide residential substance abuse services to parolees for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Eclectic Communications, Inc. for services totaling $67,150 in FY 1993-94).

(3.11) ***DMS - CSAS*** - Renewal agreement with Institute for Advanced Education and Training, Inc., to provide first offense driving-under-the influence (DUI) services for the period of July 1, 1994 through December 31, 1994.

(3.12) ***DMS - CSAS*** - Renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $125,586, to provide outpatient substance abuse treatment services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Council on Alcohol Abuse Spanish for services totaling $825,094 in FY 1993-94).

(3.13) DMS - CSAS - Request to enter into a hold harmless and Net Negotiated Amount agreement with the State of California, Department of Alcohol and Drug Programs as a condition of receiving state funds for substance abuse treatment services for the period of July 1, 1994 through June 30, 1997.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

5. **CONSIDERATION OF A RESOLUTION ON WORKERS' COMPENSATION**

6. **PRESENTATION OF THE FINDINGS FROM THE NATIONAL ACADEMY OF SCIENCES ON NEEDLE EXCHANGE PROGRAMS AND A STATUS REPORT ON PREVENTION POINT**

7. **CONSIDERATION OF A RESOLUTION FOR THE FOOD AND DRUG ADMINISTRATION TO DECLARE TOBACCO A DRUG**

8. A. **CONSIDERATION OF A RESOLUTION FOR RENAMING CITY OPERATED HEALTH FACILITIES**

   B. **CONSIDERATION OF A RESOLUTION RENAMING THE TUBERCULOSIS CLINIC AFTER DR. FRANCIS CURRY**

9. **REVIEW OF HEALTH COMMISSION GUIDELINES FOR IMPLEMENTING THE COMMUNITY HEALTH CARE PLANNING ORDINANCE**

10. **CONSIDERATION OF A RESOLUTION ON THE LAGUNA HONDA HOSPITAL FACILITIES MASTER PLAN**

11. **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound

enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

SF
420
#2
494

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 4, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Melinda L. Paras

Absent: Commissioner Margel F. Kaufman
Commissioner Michael D. Shriver

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 20, 1994

Action Taken: The Commission (Jackson, Paras, Castaneda and Chow) adopted the minutes of September 20, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) Administration - Amending the Administrative Provision of the Annual Appropriation Ordinance to add a provision whereby the Department of Public Health is authorized to generate revenues and accumulate cost savings though a contract, and to appropriate a percentage of such revenues and cost savings to pay the costs of said contract.

(3.2) Administration - New contract with Deloitte and Touche to provide operational and financial analysis for healthcare reform for a contingency fee of a percentage of revenues generated and cost savings accumulated for the period of Controller Certification of contract through June 30, 1998.

(3.3) ***CHS - STD Control*** - Requesting approval to apply for, accept and expend a new grant in the total amount of $1,646,513 from the Centers for Disease Control to perform research and evaluation activities to prevent infertility due to sexually transmitted diseases (STD) for the term of September 30, 1994 to September 29, 1998. In addition, approval is requested for a sole source and new contract with UCSF in the amount of $242,092 for the period of one year from certification and $1,062,046 for the next three years to provide specialized chlamydia laboratory services and research, evaluation and surveillance activities. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

Commissioner Paras requested the Department to work with the City high schools.

(3.4) ***CHS - Epidemiology*** - Modification to the contract with UCSF, School of Medicine in the amount of $29,350, to provide assistance in the development and delivery of STD training curricula to health professionals, for the period of April 1, 1994 through June 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.5) ***CHS - Newcomers Program*** - Requesting approval to accept and expend a subvention grant in the amount of $387,000 from the State Refugee Health Program to provide preventive health services to newly arrived refugees and immigrants for the term of October 1, 1994 through September 30, 1995.

(3.6) ***CHS - Family Health*** - Multiyear contract renewal with Planned Parenthood in the amount of $265,546, to provide clinical and community outreach services for the period of September 30, 1994 through September 29, 1995. (DPH contracted with Planned Parenthood for services totaling $676,608 in FY 1993-94).

The Department will report back to the Commission after the December Board meeting on the implementation of its affirmative action plan.

(3.7) ***DMS - CMHS*** - Reconsideration of the renewal contract with California Pacific Mental Health Services in the amount of $5,292,063 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Mental Health Services for services totaling $10,457,674 in FY 1993-94).

This item is scheduled for October 18, 1994.

(3.8) ***DMS - CMHS*** - New contract and Sole Source request with San Francisco Study Center in the amount of $229,000 per year to act as fiscal agent for the Office of Self Help for the period of October 1, 1994 through June 30, 1998.

Commissioner Paras requested the Department to provide the number of unduplicated clients served.

(3.9) ***DMS - CSAS*** - Reconsideration of the renewal multi year contract with Youth Leadership Institute, Inc., in the amount of $240, 200 second year, to provide substance abuse prevention and education to students in middle and high schools for the period of July 1, 1994 through June 30,

1995. (DPH contracted with Youth Leadership Institute, Inc. for services totaling $75,000 in FY 1993-94).

(3.10) DMS - CSAS - Renewal contract with Eclectic Communications, Inc., in the amount of $67,150 to provide residential substance abuse services to parolees for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Eclectic Communications, Inc. for services totaling $67,150 in FY 1993-94).

The ownership of this company has changed.

The Commission supported the one-year renewal but requested the Department to issue an RFP at the earliest available time.

Commissioner Castaneda requested the Department to report back in January 1995 on follow-up to the Board composition.

(3.11) DMS - CSAS - Renewal agreement with Institute for Advanced Education and Training, Inc., to provide first offense driving-under-the influence (DUI) services for the period of July 1, 1994 through December 31, 1994.

(3.12) DMS - CSAS - Renewal contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $125,586, to provide outpatient substance abuse treatment services for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Mission Council on Alcohol Abuse Spanish for services totaling $825,094 in FY 1993-94).

Commissioners Castaneda and Jackson expressed the need for these services in the Latino community and indicated this contractor is the only such provider of these services. Commissioner Castaneda requested a meeting with Dr. Larry Meredith, CSAS Director, and the Executive Director, Lucy Grau. Commissioner Castaneda also expressed the need for technical assistance and potential expanded funding for the agency.

(3.13) DMS - CSAS - Request to enter into a hold harmless and Net Negotiated Amount agreement with the State of California, Department of Alcohol and Drug Programs as a condition of receiving state funds for substance abuse treatment services for the period of July 1, 1994 through June 30, 1997.

The Department requested this item be continued to October 18, 1994.

Action Taken: The Commission (Jackson, Castaneda, Chow and Paras) approved the Consent Calendar of the Budget Committee except for #3.7 and #3.13.

4. DIRECTOR'S REPORT
(Sandra Hernández, M.D., Director of Public Health)

See Director's Report attached, (Attachment A).

On behalf of the Commission, Commission Paras thanked Dr. Hernandez, Supervisor Tom Hsieh and members of the Board of Supervisors for their support for the Department's budget.

Commissioner Chow requested information on breast cancer activities in Chinatown.

5. CONSIDERATION OF A RESOLUTION ON WORKERS' COMPENSATION

Richard Cordova, Executive Administrator of San Francisco General Hospital, presented the expected benefits from the idea of Department of Public Health providing workers' compensation medical services at two sites in a collaborative effort with San Francisco General Hospital and University of California at San Francisco:

- Realization of significant workers' compensation cost savings for the Department of Public Health and the City and County as a whole.
- Development of a new source of revenue for the Department of Public Health, San Francisco General Hospital and the University of California, San Francisco.
- Facilitation of the Department's transition to a managed care environment by developing a network of providers, utilization review and case management systems.
- Support the teaching mission of the Department in collaboration with UCSF through the occupational and Environmental Medicine residency program.

Action Taken: The Commission (Jackson, Castaneda, Chow and Paras) approved Resolution #37-94, "Supporting the Joint Proposal Between the Department of Public Health, San Francisco General Hospital, and the University of California, San Francisco, to Provide a Workers' Compensation Medical Treatment Facility", (Attachment B).

6. PRESENTATION OF THE FINDINGS FROM THE NATIONAL ACADEMY OF SCIENCES ON NEEDLE EXCHANGE PROGRAMS AND A STATUS REPORT ON PREVENTION POINT

Dr. Mitch Katz, Director of Epidemiology, Disease Control, and AIDS, gave the following update

In March 1993, the Mayor declared a stae of emergency to allow the Health Department to implement a needle exchange program. The Board of Supervisors concurred with the Mayor's determination, and the Health Commission approved a contract with the San Francisco AIDS Foundation HIV Prevention Program to provide one-to-one sterile syringe exchange, dissemination of safer sex materials, and the provision of referrals to drug treatment and social and medical health services. The HIV Prevention Project has been a great success with an exchange of one million syringes in its first year of operation.

A Centers of Disease Control and Prevention-funded study, "The Public Health Impact of Needle Exchange Programs in the United States and Abroad", a three-volume, 700-page report, was released in September 1993. Addressing a common fear of opponents of needle exchange, the authors concluded that "available (date) provide no evidence that needle exchange programs (NEPs) increase the amount of drug use by NEP clients or change overall community levels of non-injection and injection drug use." The report cited evidence that NEPs decrease HIV infection rates, including:

- The sound theoretical basis of the intervention, removing sound, potentially HIV-contaminated syringes from circulation;

- Clear evidence that NEPs substantially decrease the sharing of syringes;

- Decreases in hepatitis B infection among IDUs; and

- Mathematical models that demonstrate significant decreases in new HIV infection rates for NEP clients.

A study published in 1994 in the Journal of the American Medical Association, "Syringe and Needle Exchange as HIV/AIDS Prevention for Injection Drug Users," looked at needle exchange in San Francisco. The authors showed a decrease in the median number of injections per day by drug users since the establishment of NEP in San Francisco. They also found decreases in needle sharing rates associated with an increased use of NEP.

A 20-month, congressionally-mandated study of AIDS behavioral research conducted by the Institute of Medicine, part of the National Academy of Sciences, described NEPs as "highly promising" and called for the lifting of the ban on the use of federal funds for NEP services. The authors concluded: "The weight of evidence suggests that needle exchange does more good than harm."

Both Houses of the California Stae Legislature have passed a bill that would allow establishment of pilot NEPs in the State of California without a local emergency. However, the bill is expected to be vetoed by Governor Wilson.

Several other localities, in and outside of California, have taken a cue from San Francisco and have established needle exchange programs despite State laws opposing them. These localities include Los Angeles, Marin County, Sonoma and Boston.

Our own needle exchange programs, HIV Prevention Point, continues to expand. ervices are now provided in the Western Addition, Tenderloin, Civic Center, South of Market, Mission, Polk Gulch, Bayview Hunter's Point, and Doublerock neighborhoods. In working with HIV Prevention Point we anticipate that they will need additional funds to keep up with the demand for clean needles. We anticipate bringing to the Commission within the next two months, a request to augment the contract for $10,000, which will be used entirely to purchase clean needles, (no salaries, indirects, etc.).

The Department acknowledges the tremendous effort of the AIDS Foundation and the Prevention Point program in carrying out this vital and controversial work

7. CONSIDERATION OF A RESOLUTION FOR THE FOOD AND DRUG ADMINISTRATION TO DECLARE TOBACCO A DRUG

Alyonik Hrushow, Tobacco Control Coordinator, presented a proposed resolution supporting a petition drive to have the manufacture, sale, labeling, advertising and promotion of tobacco products regulated by the Food and Drug Administration.

Commissioner Chow raised the question of the Commission's ability to directly support a petition drive and proposed an amendment to have the Commission recommend to the Board of Supervisors and the Mayor to support this petition drive.

Action Taken: The Commission (Jackson, Castaneda, Chow and Paras) approved Resolution #38-94, "Recommending to the Board of Supervisors and the Mayor to Suppor a Petition Drive to Have Tobacco Products Regulated by the Food and Drug Administration," (Attachment C) as amended by Commissioner Chow.

8. A. CONSIDERATION OF A RESOLUTION FOR RENAMING CITY OPERATED HEALTH FACILITIES

Dr. Bob Prentice reported that the Department kept the guidelines for the Health Commission's policy to a minimum, in part to allow the Health Commission broad discretion to determine the appropriateness of any name proposed; however, Department staff did feel that there should at least be a clear and compelling relationship between the name being proposed and the facility, and that any such proposal be reviewed and approved by a community advisory board whenever one is potentially involved.

Action Taken: The Commission (Jackson, Castaneda, Chow and Paras) approved Resolution #39-94, "Renaming Policy of City Owned Health Facilities," (Attachment D).

B. CONSIDERATION OF A RESOLUTION RENAMING THE TUBERCULOSIS CLINIC AFTER DR. FRANCIS CURRY

This item was deleted because the Tuberculosis Clinic was already named in honor of Dr. Francis Curry through the Department's administrative process.

9. REVIEW OF HEALTH COMMISSION GUIDELINES FOR IMPLEMENTING THE COMMUNITY HEALTH CARE PLANNING ORDINANCE

This item was requested by Larry Griffin of Local 250; and since he was not present, this item will be deleted from the Agenda and will not be rescheduled.

10. CONSIDERATION OF A RESOLUTION ON THE LAGUNA HONDA HOSPITAL INSTITUTIONAL MASTER PLAN

Tony Wagner, Executive Administrator of Laguna Honda Hospital, presented and reported the following:

The Institutional Master Plan is required by the City Planning Department as a prerequisite to any hospital construction projects. This document will provide an opportunity for the community to review and comment regarding the Plan to the City Planning Department up to a period of 180 days. The community's comments will be received at a public hearing.

Upon review of the Institutional Master Plan, the City Planning Department will provide feedback to the Department of Public Health (DPH) regarding issues of concern to City planners and significant issues identified by the public. The ultimate purpose of this process is to offer constructive feedback to the proposal on a timely basis so important issues can be addressed and included in the final plans.

In the event that a portion or all of this project will be financed though a general obligation bond, the Department will need to commence the process in order to meet a November 1995 ballot initiative. In a separate consideration, the Commission will be asked to consider a policy direction regarding a general obligation bond.

Public Speakers: (Speakers supported the proposed resolution)

Dr. Hosea Thomas, Laguna Honda Hospital Chief of Staff
Nathan Nayman, Hospital Council
Linda Ray, Forest-Hill Neighborhood Association representative
Adele Corvin, Adult Day Health Care Network and member of the Laguna Honda Community Advisory Group

John Elberling, TODCO Executive Vice President, submitted a letter on behalf of the Council of Community Housing Organization (CCHO).

Action Taken: The Commission (Jackson, Castaneda, Chow and Paras) approved Resolution #40-94, "Accepting the Laguna Honda Institutional Master Plan and Authorizing its Submission to the City Planning Department", (Attachment E).

11. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (5)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Health Commission Meeting
October 4, 1994

DIRECTOR'S REPORT

BUDGET UPDATE

Transfer Tax The Board of Supervisor's voted yesterday to increase the City's transfer tax. It is expected the higher tax will net $3.9 million annually. The ordinance was a compromise measure from the original legislation presented last summer. The legislation raises the tax from it's present $5.00 to between $6.80 - $7.50. Properties selling between $250,000 and $1 million dollars will pay an additional $1.80 per $1,000; properties over $1 million will pay an additional $2.50. The Board's action spares the Health Department the threatened $800,000 in cuts discussed at the last Commission meeting. The hold on DPH's $1 million supplemental substance abuse appropriation approved by the Commission September 6, 1994 has been lifted. The money has been certified to be available by the Controller and will be retroactive to October 1st. This supplemental is currently in the Mayor's Office awaiting calendaring for approval by the Board of Supervisors.

ADMINISTRATION

Managed Care Update The State Department of Health Services recently discussed its position on various issues surrounding the Request for Applications for commercial health care plans. The topic areas include traditional and safety net providers, provider network, family planning and school-linked services. Of significant concern to the Department, is the State's decision that it will not require commercial plans to contract with safety net/traditional providers. However, the State does confirm its intention to default enrollment into the Local Initiative until minimum enrollment is achieved. The Department is in the process of analyzing the State document and will inform the Commission of its significant findings.

On September 30, 1994, the State Department of Health Services issued its final RFA for Medi-Cal Managed Care. Commercial health maintenance organizations must submit a response to the RFA if they are interested in being selected as the "mainstream plan" under the two-plan model. Responses to the RFA are due December 20, 1994 and the State will make its formal notice of awards by March 31, 1995.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

At its next meeting October 5, 1994, the Steering Committee of the San Francisco Medi-Cal Managed Care Local Initiative will consider approval of the enabling ordinance to AB 2755 which gave authorization for the City and County to establish a Local Initiative. After the ordinance has been adopted by the Steering Committee it will be brought before the Health Commission and the Board of Supervisors for consideration.

Proposition 187 The Mayor signed the Board of Supervisor's resolution opposing Proposition 187 on Friday. The Department prepared an impact statement for the Mayor on the negative financial ramifications Proposition 187 would pose to San Francisco. We were very pleased the resolution got unanimous support from both the legislative and executive branches of our government.

Tsunami Warning A Tsunami has been generated which could cause damage to the California coast. Tsunami wave heights cannot be predicted. There may be a series of dangerous waves for several hours after the initial wave's arrival. The estimated time of arrival for the San Francisco coastline is 4:10 p.m. today.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Parking Garage San Francisco General Hospital's planned client/employee parking garage is on a former Municipal Railway site across the street from the Hospital. During the middle of 1991, the Department of Parking and Traffic (DPT) requested DPH provide oversight and direction for the cleanup project at the proposed site. The initial cost estimate by the consultants, Harding Lawson Associates for cleanup was between $1.8 and $2.8 million. The estimate was based on site studies and reports required by the regulatory oversight agency, San Francisco Bay Regional Water Quality Control Board (SFBRWQCB).

Staff received a revised cost estimate from the consultant of $4.924 million in September. The consultants revised estimate was based on additional data recently collected from the site. The new data indicated the size and complexity of the clean up system was greater than originally anticipated. Representatives of Harding Lawson Associates have reported that estimates for the project will be evaluated and if necessary revised again after one year of operation.

Staff are conducting a peer review of the consultant's cost projections. In addition staff is looking at potential cost reduction measures including; changes to the design of the cleanup system and reduction in waste water disposal costs. Working with DPT staff, DPH is investigating other sources of funding that include MUNI and the State Underground Storage Tank Cleanup Fund. DPH is encouraging DPT to proceed with the sale of bonds to cover expenses associated with mitigation efforts and garage construction. Any additional costs not included in the bond issue will be the responsibility of the respective City Departments.

International Nursing Scholarship Students The Emergency Department hosted 4 international visitors in September. Two of the nurses are from Singapore and will be staying for another 2 and a half months. The other nurses from Taiwan and New South Wales, Australia left at the end of September. The two nurses from Singapore are observing the ED while they attend graduate courses at UCSF School of Nursing. SFGH was chosen as the medical center site because of the institutions excellent international reputation.

Comfort Garden Gardeners Joan Varney, Alan Kiner and Bill Peters will be honored for their fine work in developing the SFGH Comfort Garden at the Annual Awards Dinner of San Francisco Beautiful this evening. The Comfort Garden was dedicated in 1990 as a living memorial to SFGH employees who have died. The Garden is a place where patients, staff and visitors can find solace. As part of the seismic retrofitting project of the power plant, the Comfort Garden was recently expanded to provide more seating and a view of Bernal Hill.

LAGUNA HONDA HOSPITAL

Staff Retreat LHH had a very successful two day team building and planning staff retreat last week. At the end of the session, all participants left with a completed document outlining goals for a three year period, and action steps for the next year.

Utility Anchorage Project Begins Laguna Honda Hospital has initiated a $1.8 million FEMA funded Utility Anchorage Project as part of a comprehensive seismic safety program. This project will provide seismic bracing for all utility pipes and conduits throughout the Hospital facility. Asbestos abatement will also be conducted in utility areas as the seismic work progresses.
Another vital component of this project is construction of a secondary water supply system to the Hospital. These projects will significantly increase the probability of LHH continuing normal operations after a major earthquake.

Annual State Fire Marshal Survey The Deputy State Fire Marshal has initiated the 1994 Fire Safety Survey of the Hospital. Last year's survey resulted in the identification of a large number of physical plant and code compliance deficiencies most of which were related to the age of the patient care buildings. The Hospital invested over $100,000 last year on required corrective work. Hospital staff will work in concert with the State Fire Marshal's Office again this year to further improve the Fire Safety Program.

Hospital Police Arrest Burglar Suspect LHH Institutional Police apprehended a burglary suspect on September 26th. After observing a suspicious stranger in the Hospital workplace, office staff noticed a purse missing. The Hospital Police were immediately notified, initiated a search, and apprehended the suspect near Forest Hill MUNI station. All personal affects of the employee were successfully

retrieved. The Institutional Police are to be congratulated for their professional and effective work in maintaining a safe and secure environment.

Weight Reduction Program for Patients The Medical staff announced that a special Nutrition Services program emphasizing weight reduction will be offered to patients this fall. Additional information will be provided to all interested patients and staff.

COMMUNITY PUBLIC HEALTH SERVICES

Breast Cancer Awareness Month October is National Breast Cancer Awareness Month. As you know, the Department of Public Health is the lead agency in the San Francisco Breast and Cervical Cancer Control Program consortium, which is in its third year. To promote National Breast Cancer Awareness Month with local events, DPH has organized breast health education activities in nine clinic sites throughout the month of October (see attached schedule). Safeway has provided $5 coupons as an added incentive to encourage women to come to one of the breast health education sites during October.

STD Prevention The STD Prevention and Control Division in collaboration with the DPH Laboratory and the Bureau of Family Planning has been selected as one of five National Centers for Chlamydia Control and Infertility Prevention. The Department was awarded $275,000 from the Centers for Disease Control and will receive this level of support annually for the next 4 years.

The goals of the project are: 1) to establish comprehensive chlamydia screening and treatment services for adolescents and women of child bearing age using the newer and more sensitive urine diagnostic tests, 2) to design, implement and evaluate culturally sensitive and age appropriate interventions to prevent recurrent chlamydis infections and their associated adverse reproductive health outcomes and 3) to develop better surveillance systems to monitor and evaluate the chlamydia and infertility prevention program efforts.

MENTAL HEALTH AND SUBSTANCE ABUSE

Parents Group The Mental Health Division facilitated a series of meetings with parent advocates and parents who have reported being victimized by the "system". The Division collaborated with Parents Helping Parents, an advocacy group, bringing together parents and policy makers to facilitate positive change. Meetings have focused on systemic issues such as access, parent education and information, advocacy and coordinated service responses. The initial efforts were expanded to include department heads from other DPH Divisions, the School District, Social Services and Probation.

The group realizes the task of system reform and change is overwhelming. To ensure successes and forward movement, the group has made a commitment to work on small incremental changes with parents serving as advisors and

consultants to the process. Long term goals of the group include: broader system-wide reform and promoting legislative initiatives aimed at reinforcing parent rights.

BUREAU OF ENVIRONMENTAL HEALTH

Cryptosporidum Cryptosporidum has been in the news lately due to a three part series shown on NBC Dateline. The program focused on the dangers of drinking waters in major U.S.. cities with a special focus on incidence of cryptosporidiosis in Milwaukee. Crypstosporidum has become known as a common cause of diarrhea world-wide. The diarrhea is often prolonged and accompanied by weight loss. No effective therapy is known. In immunocompromised persons, cryptosporidiosis can cause life-threatening dehydration. The organism can be transmitted through contact with animals, person-to person contact and contaminated community water sources.

In a memo to the Mayor, Board of Supervisors and the Public Utilities Commission, Anson Moran, General Manager of PUC, stated that San Francisco's water supply is safe. San Francisco has been proactive in dealing with Cryptosporidum in our drinking water and has been regularly testing its water supply for the organism along with other parasites since the mid 1980's. San Francisco has a disease surveillance program, that will detect "low level" outbreaks of Cryptosporidum in immunocompromised persons. Moran states that these studies repeatedly show that there have not been any outbreaks and that the water is safe.

The Health Department, researchers at the University of California Medical Center in conjunction with the Water Department have been studying the incidence of Crypto in HIV patients prior to the Milwaukee outbreak. DPH infectious disease surveillance program confirms, on a monthly basis, that there is no evidence of waterborne disease in San Francisco.

BREAST HEALTH AWARENESS MONTH

OCTOBER 1994

SITES	DATES	TIME
HEALTH CENTER #1 3850 - 17th Street 487-7500	10/1,4,11,18,25	8:00 - 12:00
HEALTH CENTER #1 MISSION CLINIC 3261 - 23rd Street AT CAPP	10/3,17,24,31	12:30 - 4:00
MAXINE HALL HEALTH CENTER (PREVIOUSLY HEALTH CENTER #2) 1301 Pierce Street 292-1300	10/6,13,20,27	12:45 - 6:00
HEALTH CENTER #5 1351 - 24th Avenue 753-8100	10/5,12,19,26	1:00 - 5:00
HEALTH CENTER #5 OMI WELLNESS NURSING CENTER 446 Randolph Street 586-8035	10/5,12,19,26	Call in Advance
POTRERO HILL HEALTH CENTER 1050 Wisconsin Street 648-3022	10/4,11,18,25	9:00 - 12:00
SOUTH OF MARKET HEALTH CENTER 551 Minna Street 626-2951	10/20	1:00 - 4:00
NORTH OF MARKET SENIOR SERVICES 333 Turk Street 885-2274	10/7	9:00 - 3:00
MISSSION NEIGHBORHOOD HEALTH CENTER 240 Shotwell Street 552-3870	10/27	9:00 - 3:00

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 37-94

SUPPORTING THE JOINT PROPOSAL BETWEEN THE DEPARTMENT OF PUBLIC HEALTH/SAN FRANCISCO GENERAL HOSPITAL AND THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, TO PROVIDE A WORKERS' COMPENSATION MEDICAL TREATMENT FACILITY

WHEREAS, initial medical treatment of occupationally injured City and County of San Francisco employees has been provided by the St. Francis Hospital continuously since 1982; and,

WHEREAS, the February 1994 Management Audit of the Division of Workers' Compensation found opportunity for improvement in the provision of medical treatment for occupationally injured City and County employees; and,

WHEREAS, the Management Audit recommends that the contract to provide initial treatment for occupationally injured City and County employees be competitively bid; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will result in a new source of revenue for the Department of Public Health; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will facilitate and expedite the transition to a managed care environment; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities at San Francisco General Hospital will result in workers' compensation cost savings for both the Department of Public Health and other City and County departments; and,

WHEREAS, the development of the proposed workers' compensation treatment facilities will assist in the implementation of Civil Service Rule 35, "Return to Work"; and,

WHEREAS, the purpose and goals of the proposed workers' compensation treatment facility are consistent with the mission of the Department of Public Health; now, therefore, be it

RESOLVED, that the San Francisco Health Commission promotes a policy direction for the Department of Public Health/San Francisco General Hospital to provide workers' compensation medical treatment service and facilities for the City and County of San Francisco; and, be it

FURTHER RESOLVED that the San Francisco Health Commission endorses the August 11, 1994 proposal promulgated jointly by the Department of Public Health/San Francisco General Hospital and the University of California, San Francisco, to create San Francisco Occupational Health Services and provide workers' compensation medical treatment facilities for the City and County of San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission urges the committee authorized to select the new workers' compensation treatment facility to consider the unique qualifications of the San Francisco Occupational Health Services proposal and evaluate each proposal solely on its merits.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 38-94

RECOMMENDING TO THE BOARD OF SUPERVISORS AND THE MAYOR TO SUPPORT A PETITION DRIVE TO HAVE TOBACCO PRODUCTS REGULATED BY THE FOOD AND DRUG ADMINISTRATION

WHEREAS, a coalition of health care organizations has launched a petition drive to have the manufacture, sale, labeling, advertising and promotion of tobacco products regulated by the Food and Drug Administration; and,

WHEREAS, tobacco products are a major cause of cancer, heart disease, chronic bronchitis, emphysema, stroke, low birth weight and other conditions resulting in an estimated 420,000 deaths each year; and,

WHEREAS, the Board of Supervisors looks to the Health Commission to endorse proposals to rename City-owned health facilities before it is forwarded to them for consideration; and,

WHEREAS, cigarette smoking is this nation's Number One preventable cause of death; and,

WHEREAS, 3,000 children try cigarettes for the first time each and every day; and,

WHEREAS, tobacco products and the nicotine they contain are highly addictive; and

WHEREAS, unlike other legal products, such as foods and prescription drugs, no federal agency now has the authority to ensure that tobacco products are properly manufactured, sold, labeled or advertised; and,

WHEREAS, the tobacco industry has acted irresponsibly toward the public's health by withholding critical information about its products and by spending over $5 billion each year on advertising and promotion to entice children to smoke; now, therefore, be it

RESOLVED that the Health Commission of the City and County of San Francisco does hereby recommend to the Board of Supervisors and the Mayor to support a petition drive to have the manufacture, sale, labeling, advertising and promotion of tobacco products regulated by the Food and Drug Administration.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 39-94

RENAMING POLICY OF CITY-OWNED HEALTH FACILITIES

WHEREAS, the Health Commission of the City and County of San Francisco, from time to time, receives requests to rename City-owned health facilities; and,

WHEREAS, the authority to rename City-owned facilities is vested by Charter in the Board of Supervisors; and,

WHEREAS, the Board of Supervisors looks to the Health Commission to endorse proposals to rename City-owned health facilities before it is forwarded to them for consideration; and,

WHEREAS, the Health Commission expects that any name proposed for a health facility have a clear and compelling relationship to the facility and the services provided therein; and,

WHEREAS, the Health Commission is committed to community participation and would expect that, if the facility and associated program have a Community Advisory Board, the Community Advisory Board will have reviewed and approved the proposed name change; and, now, therefore, be it

RESOLVED that the Health Commission of the City and County of San Francisco will consider proposals to rename City-owned health facilities provided that the proposed name has a clear and compelling relationship to the facility and the services provided therein, and that any community Advisory Board related to the facility and its associated program has reviewed and approved the proposed name change; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco shall have the discretion to apply those standards and any other standards of appropriateness that it deems fit; and, be it

FURTHER RESOLVED, that any resolution endorsing the proposed renaming of a City-owned health facility shall be forward in the proper manner to the Board of Supervisors for its consideration.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 40-94

ACCEPTING THE LAGUNA HONDA INSTITUTIONAL MASTER PLAN AND AUTHORIZING ITS SUBMISSION TO THE CITY PLANNING DEPARTMENT

WHEREAS, the mission of Laguna Honda Hospital is to provide or ensure a continuum of health care services for senior and disabled residents of San Francisco; and,

WHEREAS, the existing hospital patient care buildings range in age from 68 to 85 years old and are nearing the end of their useful life; and,

WHEREAS, the open ward configuration of the existing hospital building is non compliant with Health Care Financing Advimistration criteria, and the continued reimbursement for services is dependent upon a federal waiver which can be revoked at any time; and,

WHEREAS, the hospital has collaborated with the Department of Public Works, the community and consultants for the past five years to develop a facility replacement proposal to assure that the San Francisco community has long term health care services in the future; and,

WHEREAS, the City Planning Code requires submission of an Institutional Master Plan describing proposed projects for public consumption and review and comment; and,

WHEREAS, the hospital staff in collaboration with the Department of Public Works and consultants have produced an Institutional Master Plan which addresses all criteria as required by the City Planning Code; and,

WHEREAS, the Department of Public Health Executive Staff and the Laguna Honda Hospital Community Advisory Group have reviewed and accepted the Institutional Master Plan for submission to the Health Commission, now, therefore, be it

RESOLVED that the Health Commission of the City and County of San Francisco accepts the Laguna Honda Hospital Institutional Master Plan and authorizes its submission to the City Planning Department for initiation of public review and comment.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 4, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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NOTICE FOR A SPECIAL

JOINT COMMISSION MEETING

HEALTH COMMISSION
JUVENILE PROBATION COMMISSION
LIBRARY COMMISSION
RECREATION AND PARK COMMISSION
SOCIAL SERVICES COMMISSION

ON THE

1995-96 CHILDREN'S PLAN OF THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

DATE: FRIDAY, OCTOBER 14, 1994
TIME: 2:00 TO 4:00 P.M.
PLACE: BOARD OF SUPERVISORS' CHAMBER
CITY HALL, 400 VAN NESS AVENUE
SAN FRANCISCO, CA 94102

SF
H20
#1
8/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

October 18, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 4, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda L. Paras)

(3.1) Reconsideration to approve compensation for certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

(3.2) ***CHS - AIDS*** - Requesting approval to accept and expend supplement grant funding in the amount of $61,000 from the Department of Health and Human Services, Centers, for Disease Control, to augment the Evaluation of the Impact of the 1993 AIDS Case Definition Project for the period of October 1, 1994 through September 30, 1995.

(3.3) ***CHS - AIDS*** - Request for approval for the allocation of one-time funding to 41 CARE programs, in the amount of $2,544,164 for the period of May 1, 1994 through June 30, 1995.

(3.4) ***DMS - CMHS*** - Reconsideration of renewal contract with California Pacific Mental Health Services in the amount of $5,292,063 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Mental Health Services for services totaling $10,457,674 in FY 1993-94).

(3.5) DMS - CMHS - Multiyear contract renewal with Instituto Familiar de la Raza, Inc. in the amount of $1,284,082 to provide outpatient mental health services to the Latino community, severely emotionally disturbed children and families and to serve as a fiscal intermediary for the Family Mosaic Project for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Instituto Familiar de la Raza Inc. for services totaling $1,028,673 in FY 1993-94).

(3.6) DMS - CSAS - Request to enter into a Hold Harmless and Net Negotiated Amount agreement with the State of California, Department of Alcohol and Drug Programs as a condition of receiving state funds for substance abuse treatment services for the period of July 1, 1994 through June 30, 1997.

4. **DIRECTOR'S REPORT**
   (Sandra Hernández, M.D., Director of Public Health)

5. **CONSIDERATION OF A RESOLUTION TO ENCOURAGE THE PARKING AND TRAFFIC COMMISSION TO MOVE FORWARD ON THE SAN FRANCISCO GENERAL HOSPITAL PARKING GARAGE**

6. **CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO OPPOSE PROPOSITION 188**

7. **CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO PROVIDE HEALTH SERVICES AT THE SAN FRANCISCO INTERNATIONAL AIRPORT.**

8. **CONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE POLICY ON THE PROVISION OF NON-EMERGENCY PERSONAL HEALTH CARE SERVICES TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER**

9. **CONSIDERATION OF AN ORDINANCE ESTABLISHING THE SAN FRANCISCO HEALTH AUTHORITY AS A PUBLIC ENTITY, DISTINCT FROM THE CITY AND COUNTY OF SAN FRANCISCO, TO BE THE LOCAL INITIATIVE COMPONENT OF THE STATE DEPARTMENT OF HEALTH SERVICES' MEDI-CAL STATE PLAN**

10. **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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#2
10/19/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 18, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow. M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras
Commissioner Helen B. Ripple, R.N., M.S.N.
Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 4,1994

Action Taken: The Commission unanimously adopted the minutes of October 4, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda L. Paras)

(3.1) Reconsideration to approve compensation for certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance and various Memorandums of Understanding.

Commissioner Castaneda requested the Department to include in future MOU negotiation the question of whether the standby policy is necessary.

(3.2) ***CHS - AIDS*** - Requesting approval to accept and expend supplement grant funding in the amount of $61,000 from the Department of Health and Human Services, Centers, for Disease Control, to augment the Evaluation of the Impact of the 1993 AIDS Case Definition Project for the period of October 1, 1994 through September 30, 1995.

(3.3) ***CHS - AIDS*** - Request for approval for the allocation of one-time funding to 41 CARE programs, in the amount of $2,544,164 for the period of May 1, 1994 through June 30, 1995.

Commissioner Shriver expressed concern that many of the contractors do not adhere to the demographic information required by Commission policy. The Commission will calendar contract policy issues for November 15, 1994.

(3.4) ***DMS - CMHS*** - Reconsideration of renewal contract with California Pacific Mental Health Services in the amount of $5,292,063 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1994 through June 30, 1995. (DPH contracted with California Pacific Mental Health Services for services totaling $10,457,674 in FY 1993-94).

Aubrey Serfling, CEO of California Pacific Medical Center, and Kathleen Cardinal, President of the California Pacific Medical Center Board, were present. Commissioner Jackson reported the contractor's willingness to comply with the Board composition policy. Ms. Cardinal reported the Board's commitment and understanding of diversity. She stated that there will be minority representation on the Board.

Commissioner Paras requested a future public hearing, as required by Proposition Q (Health Care Planning Ordinance), on the impact on services from CPMC's latest Notice of Intent to terminate the mental health and substance abuse contracts with the Department.

Mr. Serfling reported that no services will be reduced, except for possibly closing down the Emergency Room at the California Campus.

(3.5) ***DMS - CMHS*** - Multiyear contract renewal with Instituto Familiar de la Raza, Inc. in the amount of $1,284,082 to provide outpatient mental health services to the Latino community, severely emotionally disturbed children and families and to serve as a fiscal intermediary for the Family Mosaic Project for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Instituto Familiar de la Raza Inc. for services totaling $1,028,673 in FY 1993-94).

Commissioner Shriver requested clarification on the poor fiscal rating after the contractor followed Departmental procedures. This issue will be incorporated into the contract policies in November.

(3.6) ***DMS - CSAS*** - Request to enter into a Hold Harmless and Net Negotiated Amount agreement with the State of California, Department of Alcohol and Drug Programs as a condition of receiving state funds for substance abuse treatment services for the period of July 1, 1994 through June 30, 1997.

Dr. Larry Meredith submitted additional information that was omitted in the Commission packets pertaining to wording in the contract regarding sections on "Drug-Free Work Place" and "Unlawful Message Regarding Drugs." The Department requested the Commission to approve the resolution, pending negotiations with the State Department of Alcohol and Drug Programs.

Commissioner Shriver requested the Department to assure client participation in the development of the Master Plan for CSAS.

Action Taken: The Commission unanimously approved items #3.1, 3.2, 3.4, 3.5 and 3.6 of the Budget Committee.

The Commission unanimously approved item #3.3, except Commissioner Ripple abstained on the specific contract to UCSF Women's Clinic.

4. DIRECTOR'S REPORT
(Sandra Hernández, M.D., Director of Public Health)

See Attachment A.

Commissioner Shriver requested a letter of appreciation be sent to Regina Aragon of the San Francisco AIDS Foundation for her work on the reauthorization of the CARE bill at the federal level.

Commissioner Chow expressed concern on the impact of California Pacific Medical Center's letter formally submitting its notice of intent to terminate its mental health and substance abuse services contract with the Department of Public Health effective July 1, 1995. (Contract amount is $6,326,01) President Jackson reported that a Proposition Q (Health Care Planning Ordinance) hearing will be calendared at a future Commission meeting.

Commissioner Kaufman requested that former Supervisor Wendy Nelder be acknowledged of her original leadership years ago on the smoke-free movement in San Francisco.

5. CONSIDERATION OF A RESOLUTION TO ENCOURAGE THE PARKING AND TRAFFIC COMMISSION TO MOVE FORWARD ON THE SAN FRANCISCO GENERAL HOSPITAL PARKING GARAGE

Jerry Rankin, SFGH Administrator, reported the following:

In September 1994, the Department of Parking and Traffic (DPT) had intended to sell $24 million in Parking Meter Revenue Bonds to finance the design and construction of the first phase of the San Francisco General Hospital Parking Garage, reimburse DPT and DPH for advances for prefinancing expenses in the developing stages of the garage project, and fund several smaller DPT projects. The sale was delayed due to an unanticipated increase in the estimated costs for soil remediation from $1.9 to $4.9 million, extending beyond the $25 million bond capacity and preventing the reimbursement of prior garage project expenditures as originally budgeted.

It would be unfair for the DPT or any single Department to assume the entire burden of this addition expense, therefore, it has been proposed that the three City Departments involved - the MUNI, form occupants of the site; DPH and DPH - equitably share the expense.

Additional information concerning the extent of the remediation and associated costs will become available following a peer review. The full scope of the work required will not be available for at least 24 months of operating the currently designed remediation system. However, due to the urgency to keep forward movement on the project, an agreement in principle, among the Departments, is necessary.

Inability to continue the project because of the delays attributed to the additional expense could also result in: 1) costly fines and legal action from the State Regional Water Quality Board, 2) loss of the contractor requiring an additional 2-3 month bid process, and 3) loss of the currently favorable market and additional interest expense to finance the project, and 4) loss of credibility with San Francisco General Hospital neighbors and the local community.

Action Taken: The Commission unanimously adopted Resolution #41-94, "Supporting the Equal Sharing Among the Public Transportation Department, Department of Parking and Traffic, and Department of Public Health, of the Additional Costs of Soil Remediation at the Site of the San Francisco General Hospital Parking Garage", (Attachment B).

6. CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO OPPOSE PROPOSITION 188

Alyonik Hrushow, Tobacco Control Coordinator, reported that Proposition 188 (California Uniform Control Act) would supersede San Francisco's smoking control ordinance by: 1) eliminating the right of local governments to pass tobacco control legislation; 2) superseding all local ordinances which currently have more restrictive standards than the proposed initiative; and 3) prohibiting community organizations from monitoring the sale of cigarettes to minors through tobacco purchase surveys or "sting" operations.

Dr. Hernández acknowledged a letter from the San Francisco Medical Society urging the Commission to support the Board of Supervisors Resolution opposing Proposition 188.

Public Speakers: Kirk Kleinschmidt, American Heart Association, supported the proposed resolution.

Action Taken: The Commission unanimously adopted Resolution #42-94, "Supporting Board of Supervisors Resolution 819-94 Opposing the California Uniform Tobacco Control Act (Proposition 188), (Attachment C).

7. CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO PROVIDE HEALTH SERVICES AT THE SAN FRANCISCO INTERNATIONAL AIRPORT.

This item was continued to a future Commission meeting.

8. CONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE POLICY ON THE PROVISION OF NON-EMERGENCY PERSONAL HEALTH CARE SERVICES TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER

In presenting the proposed resolution, Dr. Hernández stated that this policy change represents a large cultural change in the Department and was not an easy direction to take.

Commissioners made the following comments:

1) The resolution would not exclude self-pay clients.
2) A marketing strategy needs to be developed.
3 Education and orientation of Department staff on this cultural change is crucial.
4) The Commission requests the Department to bring back to the Commission a plan to implement this policy.

This item was continued to November 1, 1994, with a revised proposed resolution to be brought back to the Commission for consideration.

9. CONSIDERATION OF AN ORDINANCE ESTABLISHING THE SAN FRANCISCO HEALTH AUTHORITY AS A PUBLIC ENTITY, DISTINCT FROM THE CITY AND COUNTY OF SAN FRANCISCO, TO BE THE LOCAL INITIATIVE COMPONENT OF THE STATE DEPARTMENT OF HEALTH SERVICES' MEDI-CAL STATE PLAN

This item was continued to November 1, 1994.

10. OTHER BUSINESS/PUBLIC COMMENTS

Public Comment: John Entwhistle, DAAB member, thanked the Commission on the issue discussed in item #3.6.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Health Commission Meeting
October 18, 1994

DIRECTOR'S REPORT

BUDGET

SB 910

The Acting Regional Administrator of the Department of Health and Human Services wrote the State Department of Health Services Director notifying the State that all federal payments to California Counties for Medical Administration Claims (MAC), also known as SB 910, have been suspended. The payment of MAC claims has been suspended because of claiming irregularities found by federal auditors in L.A. County, and because of a federal challenge to some State approved claiming procedure codes. The State has 60 days to respond to numerous questions posed by the federal agency. This delay in payment of claims, and the challenge to State regulations for MAC will jeopardize nearly $10 million in SB 910 revenues budgeted in DPH's FY 94-95 budget. The department has notified the City's lobbyist of this latest disallowance and is working with the State via the Statewide MAC coordinating committee to respond to the federal concerns.

Reauthorization of CARE Legislation

Despite significant lobbying efforts on Capitol Hill, the 103rd Congress failed to reauthorize the Ryan White CARE legislation that is due to expire in September 1995. Reauthorization will be considered again by the 104th Congress. The composition of the 104th Congress is unknown at this time. Given the potential shift of power in the Senate and the House, the reauthorization of CARE legislation (as it is currently proposed) is at risk.

San Francisco has benefited from the current formula structure that looks at cumulative AIDS cases. If the formula shifted to current year cases, or even a compromise formula of the past 10 years, San Francisco stands to lose a significant amount of funding.

San Francisco has strong support from Congresswoman Pelosi and the entire delegation. We will take a proactive stance in lobbying hard for early reauthorization in the 104th Congressional Session to limit the number of formula changes.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

ADMINISTRATION

Emergency Earthquake Drill

Yesterday, Health Department Employees working at 101 Grove participated in an unannounced highly successful emergency drill evacuating the entire building in less than 5 minutes. This drill, done in conjunction with the 5 year anniversary of Loma Prieta was only one of a number of emergency events happening in the City October 17th. The Mayor hosted a Press Open House at the City's Emergency Command Center to illustrate the major interdepartmental accomplishments of the last 5 years including the up-link of the medical information network (CHORAL). This disaster-related communications link between San Francisco hospitals is scheduled to be on-line in November 1994 and the disaster component operational in the spring of 1995. The system will also support disaster-related medical mutual aid communications between other Bay Area counties currently on CHORAL. These currently include San Mateo and Santa Clara counties. Other contiguous counties are considering CHORAL installation.

Smoke-Free City Award

San Francisco City and County has been selected for a California Smoke-Free Cities 1994 Leadership Award by the California Healthy Cities Project in partnership with the League of California Cities and Americans for Nonsmokers' Rights.

The award will be presented to Supervisor Alioto and me on behalf of the Mayor at the Board of Supervisors meeting November 7th. Twenty-two cities were selected from sixty nominations, based on six different leadership criteria: (1) collective courage, (2) perseverance, (3) impact of the ordinance, (4) innovation of public education, (5) strategic preparation and (6) community involvement.

According to the published award announcement: "Community involvement was key to the November 1993 passage of the tough no-smoking law in one of the world's favorite tourist destinations. The San Francisco ordinance is the fruit of an ethnically diverse coalition, committed public officials, and a willingness to compromise in order to maintain an uphill climb to a smoke-free city. Despite a lawsuit filed by Philip Morris, signifying how seriously the tobacco industry regards the implications of San Francisco's ordinance, a public information campaign has been implemented in four languages to inform the public about the provisions of the law."

California Conference of Environmental Health Directors

On September 29th Ben Gale was installed as President of the California Conference of Environmental Health Directors (CCDEH) for 1994-95. CCDEH is a professional organization established in 1956 to represent professional

managers and administrators trained in environmental management and public health. Presently the Conference represents 58 local jurisdictions, which includes every county in California and four cities that have their own health departments. The mission of CCDEH is to enhance the quality of life in the State of California by encouraging the formulation and implementation of effective local environmental health programs to protect the public health, safety, and the environment. CCDEH is an affiliate of the California State Association of Counties (CSAC) and the California Conference of Local Health Officers (CCLHO).

MANAGEMENT INFORMATION SYSTEMS

Department of Public Health

The DPH MIS department is fully engaged in the implementation of the data processing network infrastructure required to link all managed care delivery sites. All necessary equipment has been ordered from vendors, and all technical installation aspects of the project are on schedule and within budget parameters.

The contract with Shared Medical Systems was certified by the Controller in September. Project teams are working on the initial analysis to implement new systems for managed care at the appropriate ambulatory care clinics and the Primary Care Network.

The Coopers and Lybrand contract will be certified in November. The contract will provide technical installation services at San Francisco General Hospital, the Primary Care Network and other DPH Clinical sites. The work will be performed with significant MBE/WBE involvement. It is expected all State mandated managed care timelines will be met.

SAN FRANCISCO GENERAL HOSPITAL

Intensive Care Diversion

There was an increase in Intensive Care diversion (56.5 hours) during the month of October due to construction in the 5E Intensive Care Unit. Glass doors were installed to satisfy licensing requirements, closing the unit for 3 weeks. The O.R. recovery room was used for short periods of time when ICU was at capacity.

RFI: Gallo Negotiations

Gallo continues its work to prepare for negotiations for development of the "Rice" Facility. Gallo hopes to obtain CHFA bond financing on a tax-exempt basis, supported by a UCSF master lease. SFGH spoke with Gallo counsel conceptually about some of the site lease terms. No organized negotiation sessions between UCSF, CCSF and Gallo have occurred.

PHO

The PHO has engaged the services of Jim Fojut from Cattaneo & Stroud, Inc. to serve as the interim Executive Director of the PHO, replacing Dr. Chuck Sanders

in this capacity. Mr. Fojut has experience in both managed care contracting and working with medical staffs in developing clinical practice groups.

He will continue the work of building the infrastructure necessary to develop and administer at-risk contracts. This will require the recruitment and hiring of staff as well as the installation of information, operating and reporting systems.

The PHO, through the UCSF procurement process, has also engaged the services of Lewis & Summers to work with; DPH planning staff, the Managed Care Steering Committee and the SFGH Strategic Planning Committee to develop a marketing and communications plan. The plan will be based on DPH focus groups and data collected for managed care planning.

UCSF and SFGH are engaged in several joint program planning projects; community-based OB practice, and the feasibility of an AIDS managed care program. These projects were reviewed as models for future collaboration.

Earthquake Preparedness Fair

The SFGH Emergency Response Committee, SFGH Health and Safety Services and the Employee Activity Committee hosted an Earthquake Preparedness Fair October 4th. Over 600 staff, visitors, patients, families and neighbors visited the 15 booths. Exhibitors included: SFPD, SFFD, State of California Geological Service, the Earthquake Store and P.G. & E. The fair provided educational materials on earthquake preparedness for home and work environments.

Nursing Education Award

John Fazio, RN was awarded the 1994 Nursing Education Award by the Emergency Nurses Association this month. John has received national recognition for his work in emergency response to violence in our communities. His leadership in the areas of domestic violence, pediatric emergencies, and triage training make him a valuable asset to SFGH's Emergency Department.

LAGUNA HONDA HOSPITAL

LHH Achieves Budgeted Census Target

One of LHH's FY 1994-95 budget initiatives was to increase revenue by opening a 30-bed patient unit on October 1st of this year, bringing the budgeted daily census to a total of 1,145 patients. This goal was achieved October 6th with a total patient census of 1,145. I join with Mr. Wagner in complimenting the LHH staff for achieving this goal.

Continuous Quality Improvement

LHH Administration has begun the process of using continuous quality management as the method/philosophy by which the Hospital will be managed. It is projected that the process will be phased in over the next three years.

Thirteenth Annual Employee Recognition Dinner and Dance

Over 300 honorees, guests and staff attended the 13th Annual Employee Recognition Dinner and Dance on Thursday October 13th at the Irish Cultural Center. Also attending the dinner was LHH's Joint Conference Chair, Commissioner Rebecca Castenada, Supervisors Angela Alioto, Sue Bierman and Senator Quentin Kopp.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

California Pacific Medical Center

I regret to inform the Commission that Cal Pac has formally submitted its notice of intent to terminate its mental health services contract with the Health Department effective July 1, 1995. This action has been under speculation for several months when Cal Pac secured the services of the Hunter Management Group, a consulting firm charged with improving the performance and efficiency of the Hospital. Division staff have begun meeting with Cal Pac management to insure a smooth transition of the programs currently under contract. Contracts with Cal Pac total $10,457,674. These fall into two categories: Mental Health comprises $6,326,001 of the programs and AIDS contracts the remaining $4,131,673. The programs that will be eliminated are those in the Mental Health area. Below is a listing of all the services currently provided through Cal Pac.

Cal Pac Mental Health services provided under contract include:

Adolescent Intensive Residential Services
Child Crisis
Community Voc Enterprise
Geriatrics Program
Operation Concern
Thunderseed
Westside Lodge

Cal Pac AIDS Services provided under contract:

AIDS Intermittent & MIA Home Care, & AIDS Hospice Care
Crisis Intervention: HIV Center
Early Intervention, Psychological Counseling - Operation Concern
Home Infusion Therapy - VNH
Respite Care - 24 Hr Home/Hospice Care
Hospice & In-Home Respite Care
HIV Prevention Education

YMCA Debriefing

On September 14, 1994 Carmella Gold, Director of the Central YMCA, requested a debriefing after a 24 year-old resident from Germany jumped from the buildings roof down to the parking lot. The fall was fatal.

Mary Ma, LCSW from the Center for Special Problems, and Linda LiBrize, RN, MSN from the Central City Seniors Unit met with 11 individuals (mostly YMCA staff) on September 20th. The session was a success and all involved believe the recovery process is well underway.

Epidemiology and Disease Control

DPH's annual Flu Prevention Program begins this month with the kick-off October 27th at the Aquatic Park Senior Center. I will personally give the first shot of the season to Mayor Jordan.

DPH is committed to providing flu shots in the community to those most in need. We encourage all seniors to go to their neighborhood clinic for the $2 flu immunization. Health Center #1, Maxine Hall, #3, #4 and #5 will be giving shots November 1, 3, 8, and 10th from 8:30 to 11 a.m.. Shots will be given at the OMI Pilgrim Center November 16th from 8:30 to 11 a.m., and at the Tom Wadell Clinic November 21 through December 30th from 1 to 4 p.m.. Further information is available through the City's Flu Hot line at 554-2846.

COMMUNITY HEALTH SERVICES

Additional HUD AIDS/HIV Housing

On Thursday, October 13th, Henry Cisneros, Secretary of Housing and Urban Development, announced the release of 5,000 emergency housing vouchers for persons with AIDS/HIV. Cisneros stated that San Francisco has 8% of the national AIDS cases, so would receive approximately 400 of the vouchers. Timeline for release of these vouchers has not been determined. These vouchers will be in addition to the 200 vouchers available 12/94 under HOPWA.

Cisneros also announced the establishment of an AIDS housing branch which will handle all AIDS related housing, including HOPWA. This new HUD branch will organize conferences, give technical assistance and network information nationally.

Balboa Teen Health Center

Two violent incidents occurred at Balboa High School on October 7th. Both appear to have been racially motivated. Tension was quite high at BHS on the following Monday. The principal required all second period classes to discuss the incidents and to formulate a school wide response to the events. Jacob Moody, Director of the Balboa Teen Health Center attended the subsequent student forum where the school response was discussed and advised the principal on facilitation methods. Mental health counselors worked with students and facility who were disturbed by the events and needed counseling.

Some of this years tensions may be attributed to the closing of Wilson High School and the redistribution of its students to Balboa and Mission High Schools. The School District did not appear to prepare the teachers or students for the

influx of new students this year from other school cultures. The resulting tension and violence may be focused on turf issues. Teacher morale is low, and student tensions continue to be high. The Teen Health Center will continue to work closely with the Peer Resource Program Coordinator and facility to find resolutions to these conflicts.

SEPTEMBER STATISTICS

AIDS Statistics (from 7/1/81 to 9/30/94)

Total San Francisco cases:	20,221
Total San Francisco deaths	13,168
Total S.F. cases for September	182
Total S.F. deaths for September	150

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	264.3
Newborn Nursery:	12.7
Actual Patient Days (except newborns)	7,929
Newborn Nursery:	380
Admissions (except newborns):	1,364
Newborn Nursery:	139
Average Length of Stay (except newborns):	5.9
Newborn Nursery:	3.2
Discharge Patient Days (except newborns):	8,102
Newborn Nursery:	470
Discharges (except newborns):	1,370
Newborn Nursery:	146

Outpatient Visits

Primary Health	9,646
Family Health:	2,876
General Medicine:	1,899
Pediatric:	2,840
OB/GYN:	2,031
Specialty Clinics:	10,406

Emergency Activities

Emergency Room:	4,811
Psychiatric Emergency Services:	345
Psychiatric Emergency Consults:	86

Laguna Honda Hospital

Average Daily Census	
Acute Services	8
SNF Services	1,128
AIDS/Hospice SNF	25
All Beds	1,136

Medical Staff Applications were signed for the following LHH staff:
Paul G. Brunetta, M.D.
Maitray D. Patel, M.D.
Michael S. Coleman, M.D.
Rudolph A. Rodriguez, M.D.

Mental Health	
SFGH/Acute Psychiatric Beds:	78
Community Acute Psychiatric Beds:	6
CPHS - Primary Care Visits for Health Centers	
Health Center #1:	1,402
Maxine Hall Health Center:	796
Health Center #3:	978
Health Center #4:	1,243
Health Center #5:	1,041
Tom Waddell Clinic:	2,754
Potrero Hill Health Center:	557
Southeast Health Center:	573
Special Programs for Youth:	2,292
TOTAL VISITS:	11,636
Disease Control	
TB Clinic:	1,971
City Clinic:	1,771
SSI Clinic YTD Summary 7/1/94 to 9/23/94	
Referrals to Triage	4,420
No Shows	291
Seen by Triage	4,129
Significant Findings:	
Homeless	1,003
Medical Problems	1,857
Psychological Problems	2,004
Med & Psych Problems	268
Employability Ratings	
Employable: Workfare/ Job Search	907
Indeterminate: Pt. Referral	468
Temp Unemployable: ReEval Triage	2,408
Perm Unemployable: Advocacy Unit	346
Case Management Referrals	752
Active Cases	496
Inactive	256
Closed	33
Referrals by Triage	340

Bureau of Epidemiology and Disease Control
Reportable Diseases
4 Week Period
Ending 10/1/94

	1992	*1993*	*1994*	*Year-to-date* *1992*	*1993*	*1994*
AIDS*	133	254	101	1419	4113	1721
Campylobacteriosis	58	52	62	540	482	461
Giardiasis	15	25	41	199	241	299
Hepatitis A	33	11	33	298	147	202
Hepatitis B	5	9	3	61	57	54
Salmonella	34	29	19	145	160	128
Shigella	51	32	43	256	193	181
TB	25	25	21	266	268	210
Gonorrhea	213	166	137	2075	1727	1583
Syphilis	27	9	2	296	117	58

* Resident cases only

Quarterly Report to Joint Conference Committee
First Quarter Academic Year 1994-95

The denominator of the reappointments are unsubmitted applications for that month

		July '94	Aug '94	Sep '94	Total	YTD Total
Active Staff:*	Appointments	1	4	3	3	8
	Reappointments	10/7	11/6	14/9	20	21
Courtesy Staff:**	Appointments	4	11	0	0	15
	Reappointments	13/5	19/8	20/6	20	52
Affiliated Staff:***	Appointments	0	0	0	0	0
	Reappointments	3/2	0/1	4/3	4	7
Reduction in Privileges	Administrative	1	0	0	0	1
	Disciplinary	0	0	0	0	0
Increase in Privileges		0	0	0	0	0
Resigned:****		13	21	6	6	40
Deaths:*****		0	0	0	0	0

* 1 Anesthesia, 1 Endocrinology, 1 Renal
** None
*** None
**** 1 Anesthesia, 2 Medicine, 2 Ophthalmology, 1 Psychiatry
***** None

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 41-94

SUPPORTING THE EQUAL SHARING AMONG THE DEPARTMENTOF PUBLIC TRANSPORTATION , DEPARTMENT OF PARKING AND TRAFFIC, AND DEPARTMENT OF PUBLIC HEALTH, OF THE ADDITIONAL COSTS OF SOIL REMEDIATION AT THE SITE OF THE SAN FRANCISCO GENERAL HOSPITAL PARKING GARAGE

WHEREAS, the San Francisco Parking Authority had intended to issue $24 million in Parking Meter Revenue Bonds to finance the design and construction of the first phase of the San Francisco General Hospital parking garage, to reimburse Departments (Department of Public Transportation and Department of Public Health) for advances for pre-financing expenses of the garage project, and to fund several smaller Department of Public Transportation projects; and,

WHEREAS, the Parking Meter Revenue Bonds intended for sale in September 1994 incurred delay as a result of an unanticipated increase in the estimated costs of site soil remediation from $1.9 million to $4.9 million, which would extend beyond the $25 million bond limit, and which would prevent reimbursement to the Departments for pre-financing expenses; and,

WHEREAS, time is of the essence for the San Francisco General Hospital garage construction project, and the full scope of the remediation expenses will not be known for at least 24 months following operation of the currently designed system, and additional delay could result in:

- Costly fines and legal action due to the City's inability to meet deadlines mandated by the State Regional Water Quality Board;
- Loss of the contractor due to inability to award the construction contract within the 60-day limit and subsequently requiring an additional bid process;
- Increased interest costs to finance the project from inability to sell bonds in the currently favorable market;
- San Francisco General Hospital 's inability to meet strategic planning goals; and
- Loss of credibility with San Francisco General Hospital neighbors and community; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 41-94

WHEREAS, the estimated remediation costs will not fit with the $25 million bond debt ceiling, and,

WHEREAS, it is unfair that any single Department assume the entire burden of the additional soil remediation expense; now, therefore, be it

RESOLVED that the San Francisco Health Commission supports the equal sharing among the Department of Public Transportation, Department of Parking and Traffic, and Department of Public Health, of the additional costs of soil remediation at the site of the San Francisco General Hospital parking garage.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 18, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 42-94

SUPPORTING BOARD OF SUPERVISORS RESOLUTION #819-94 OPPOSING THE CALIFORNIA UNIFORM TOBACCO CONTROL ACT (PROPOSITION 188)

WHEREAS, the Department of Public Health and Health Commission have actively supported legislation and community outreach programs to provide education and support to residents regarding the health effects of tobacco products; and,

WHEREAS, tobacco use is responsible for the death of over 400,000 people every year and is the number one cause of death in the United States; and,

WHEREAS, Environmental Tobacco Smoke (ETS), also known as secondhand smoke, has been categorized as a cancer causing substance by the Environmental Protection Agency, and where exposure to ETS kills an estimated 40,000 persons every year; and,

WHEREAS, San Francisco passed a smoking control ordinance in November 1993 which bans smoking in workplaces and restaurants in order to protect people against exposure to ETS; and,

WHEREAS, Proposition 188, entitled the "California Uniform Tobacco Control Act", would repeal the local smoking control ordinance passed in San Francisco and replace it with a statewide law which could permit smoking in every restaurant and workplace in the State; and,

WHEREAS, over 60% of the population of California lives in communities which have more restrictive tobacco controls than those proposed in Proposition 188, and, thus would suffer reduced protections from ETS if Proposition 188 passes; and,

WHEREAS, Proposition 188 prohibits local governments from passing any tobacco control legislation in the future and prohibits community organizations from monitoring the illegal sale of cigarettes to minors through tobacco purchase surveys or "sting" operations utilizing minors attempting to purchase tobacco; and,

WHEREAS, Proposition 188 increases some penalties for selling tobacco to children, but eliminates key investigation and enforcement techniques; and, where it contains no restrictions on tobacco advertising to children at "eye level"; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 42-94

WHEREAS, the ventilation standard proposed in Proposition 188 for application to indoor smoking will remove the odor of smoke from the air, but not the cancer causing substances which pose a threat to public health; now, therefore, be it

RESOLVED, that the Health Commission supports Board of Supervisors Resolution #819-94 opposing the California Uniform Tobacco Control Act (Proposition 188), and, be it

FURTHER RESOLVED, that this Commission urges the Director of Public Health to take immediate steps to educate San Francisco residents regarding the impact of Proposition 188 on our community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 18, 1994

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

PUBLIC NOTICE

LIST OF HEALTH COMMISSION MEETINGS FOR REMAINDER OF 1994

DOCUMENTS DEPT.
OCT 28 1994
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Tuesday, November 1,1994
Budget Committee Meeting
2:00 p.m.
Regular Health Commission Meeting
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT
OCT 28 1994
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PUBLIC LIBRARY

Tuesday, November 15,1994
Budget Committee Meeting
2:00 p.m.
Regular Health Commission Meeting
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

Tuesday, November 29, 1994
Special Health Commission Meeting
Annual Report of Laguna Honda Hospital
3:00 p.m.
at
Gerald Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA 94116

(No Budget Committee Meeting)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

LIST OF HEALTH COMMISSION MEETINGS FOR REMAINDER OF 1994 (CONT'D.)

Tuesday, December 6, 1994
Budget Commission Meeting
2:00 p.m.
Regular Health Commission Meeting
Annual Report of San Francisco General Hospital
3:00 p.m.
at
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

DOCUMENTS DEPT.
OCT 28 1994
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, December 13, 1994
Special Health Commission Meeting
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

(No Budget Committee Meeting)

Tuesday, December 20, 1994
Budget Committee Meeting
2:00 p.m.
Regular Health Commission Meeting
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

November 1, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 18, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) CHS - Central Administration - Requesting approval to apply for retroactively and accept and expend a new grant in the total amount of $299,000 from the Social Security Administration to assist recipients of General Assistance who may be SSI eligible to apply for and receive SSI/SSA benefits, for the period of July 1, 1994 through June 30, 1995.

(3.2) CHS - Health Promotion - Requesting approval to apply for retroactively and accept and expend a new grant in the total amount of $177,139 from the California Department of Health Services, State and Local Injury Control Section, to build Department Public Health capacity to prevent violence by supporting coalition staffing, firearm surveillance, and training development and implementation, for the period of February 1, 1995 through January 31, 1998.

(3.3) *CHS - AB-75/CHIP* - Request for approval to forward the resolution to authorize adoption of the county description of proposed expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1994-95.

4. **DIRECTOR'S REPORT** (Sandra R. Hernández, M.D., Director of Public Health)

5. **CONSIDERATION OF A POLICIES RELATING TO "AT-RISK" MEDI-CAL CONTRACTING**

A. **PROVIDER HEALTH DEPARTMENT ORGANIZATION (PHO) AND MANAGEMENT SERVICES ORGANIZATION (MSO) ORGANIZATIONAL STRUCTURE**

B. **POLICY ON ENTERING INTO AGREEMENTS WITH PRIVATE HEALTH MAINTENANCE ORGANIZATIONS (HMOs) TO PROVIDE HEALTH CARE SERVICES TO MEDI-CAL BENEFICIARIES**

6. **RECONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE POLICY ON THE PROVISION OF NON-EMERGENCY PERSONAL HEALTH CARE SERVICES TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER**

7. **CONSIDERATION OF AN ORDINANCE ESTABLISHING THE SAN FRANCISCO HEALTH AUTHORITY AS A PUBLIC ENTITY, DISTINCT FROM THE CITY AND COUNTY OF SAN FRANCISCO, TO BE THE LOCAL INITIATIVE COMPONENT OF THE STATE DEPARTMENT OF HEALTH SERVICES' MEDI-CAL STATE PLAN**

8. **CONSIDERATION OF A RESOLUTION PROPOSING RECOMMENDATIONS FROM THE JOINT COMMISSION HEARING OF OCTOBER 14, 1994 ON THE CHILDREN'S PLAN FOR FY 1995-96 TO THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES**

9. **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernandez, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 1, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple

Absent: Commissioner Melinda L. Paras
Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 18,1994

Action Taken: The Commission unanimously adopted the minutes of October 18, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) CHS - Central Administration - Requesting approval to apply for retroactively and accept and expend a new grant in the total amount of $299,000 from the Social Security Administration to assist recipients of General Assistance who may be SSI eligible to apply for and receive SSI/SSA benefits, for the period of July 1, 1994 through June 30, 1995.

Commissioners requested from Department Administration a written explanation for the lateness of this item.

(3.2) CHS - Health Promotion - Requesting approval to apply for retroactively and accept and expend a new grant in the total amount of $177,139 from the California Department of Health Services, State

and Local Injury Control Section, to build Department Public Health capacity to prevent violence by supporting coalition staffing, firearm surveillance, and training development and implementation, for the period of February 1, 1995 through January 31, 1998.

(3.3) *CHS - AB-75/CHIP* - Request for approval to forward the resolution to authorize adoption of the county description of proposed expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1994-95.

Commissioner Chow abstained on this item due to conflict of interest.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) approved #3.1 and #3.2 The Commission (Jackson, Kaufman, Castaneda, and Ripple) approved #3.3, with Commissioner Chow abstaining.

4. DIRECTOR'S REPORT (Sandra R. Hernández, M.D., Director of Public Health)

(See Attachment A for Director's Report)

Since the diversion statistics were not available for the Director's Report, President Jackson requested Richard Cordova, SFGH Executive Administrator, to report verbally the statistics. Mr. Cordova reported that diversion was at about 15%.

Regarding the paramedics response time issue, Dr. Hernández reported that a report from Emergency Medical Services (EMS) on first responders will be given to the Commission.

Dr. Hernández reported that Jeff Jue, Deputy Director for Mental Health and Substance Abuse, will be providing a report to the Commission on rate and contract negotiations with the hospitals for consolidation of the City's psychiatric inpatient Medi-Cal funds and services.

5. CONSIDERATION OF POLICIES RELATING TO "AT-RISK" MEDI-CAL CONTRACTING

Richard Cordova, SFGH Executive Director, and Dr. Elliott Rapaport, UCSF Dean's Office, presented an update on the Department's Strategic Direction on the reorganization of the Department into a single, comprehensive integrated service delivery system which would be capable of contracting for and providing services in a managed care environment.

The common principles for the Department of Public Health Strategic Direction, Primary Care Integration, and the SFGH Strategic Plan, are: (See Attachment B)

- To preserve the financial viability of the Department of Public Health's delivery system in order that we are capable of providing a safety net for the unsponsored and special need population;

- To reorganize the Department of Public Health into a comprehensive, integrated, service delivery system;

- To create a single medical staff structure throughout the Department of Public Health's health care delivery system;

- To eliminate duplicate administrative and support systems;

- To develop an incentive-based, performance-oriented, risk-sharing system;

- To develop affiliations and networks with other providers and health plans, as needed, to meet the full needs of our enrolled population; and

- To develop a structure through which the Department and medical staff can jointly negotiate and enter into at-risk contracts for the delivery of managed care.

The two structures created to operationalize these principles, in preparation for responding to the State's Medi-Cal Managed Care Plan, are the Clinical Practice Groups (CPG) and the Provider-Health Department Organization (PHO). The CPG is a mechanism through which the single medical staff structure can enter into managed care contracts. The PHO is an organizational structure designed to facilitate recommendations for the University's and the Department's governing bodies on optimal financial and programmatic activities as they relate to managed care payors. The Administrative Services Organization (ASO), which reports to the PHO, is the administrative and operational structure to install and implement the mission of the PHO. Its core departments are:

Medical Management
Business Development
Member/Provider Services
Information Systems
Finance and Accounting

Commissioner Ripple, while very supportive of this policy directions towards managed care, raised questions around accountability, risk for all parties involved, membership criteria of the CPG, and decision-making responsibilities. Many of her concerns will be addressed as negotiations and discussions continue with all parties involved.

Dr. Hernández thanked Dr. Elliott Rapaport and Jane Gayette for their work and efforts towards this new direction with the Department

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) adopted Resolutions #43-94, "Supporting Continuing Development of the Provider Health Department Organization and Its Activities in Preparation of Medi-Cal Managed Care", (Attachment C), and #44-94, "Supporting the Health Department's Participation in Both the Local Initiative and the Mainstream Plan of the State Medi-Cal Plan", (Attachment D).

6. **RECONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE POLICY ON THE PROVISION OF NON-EMERGENCY PERSONAL HEALTH CARE SERVICES TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER**

Dr. Hernández reported the following:

The proposed policy now refers only to Medi-Cal beneficiaries, rather than to enrolled members of all managed care plans, since Medi-Cal is where the competitive relationship between the Department of Public Health and other providers is clearest.

The proposed policy specifically states that enrolled members of other managed care plans who choose to seek health care services at Department of Public Health facilities and who are willing to pay full charges out-of-pocket are not precluded from doing so by this policy.

The previous general reference to the Medi-Cal scope of services covered by capitation payments now refers more specifically to inpatient, outpatient and ancillary services.

In the future, a proposed policy that would govern the terms under which non-Medi-Cal patients enrolled in managed care plans will be brought to the Commission.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) adopted Resolutions #45-94, "Providing Non-Emergency Health Care Services to Enrolled Members of Managed Care Plans That Do Not Include the Department of Public Health as a Provider", (Attachment E).

7. **CONSIDERATION OF AN ORDINANCE ESTABLISHING THE SAN FRANCISCO HEALTH AUTHORITY AS A PUBLIC ENTITY, DISTINCT FROM THE CITY AND COUNTY OF SAN FRANCISCO, TO BE THE LOCAL INITIATIVE COMPONENT OF THE STATE DEPARTMENT OF HEALTH SERVICES' MEDI-CAL STATE PLAN**

Tangerine Brigham, Office of Budget and Planning, presented the following:

In September 1994, the Governor signed AB 2755 which allows San Francisco and Alameda Counties to form local initiatives for the purpose of providing health care services under the State's Medi-Cal Managed Care Plan.

In order to form the health authority, the City and County's Ordinance must be amended to authorize the Board of Supervisors' establishment of a health authority to serve as the San Francisco Medi-Cal Managed Care Local Initiative. The health authority would be a public entity, separate and distinct from the City and County of San Francisco. The City Attorney's Office has prepared the proposed ordinance which will enable the Board to establish the local Initiative.

This ordinance parallels the State statute with respect to Local Initiative powers and responsibilities, governing body composition and insurance requirements. During Local Initiative Steering Committee deliberations, three issues were added to the ordinance which were not addressed in the State statute. First, general purpose language was added to the ordinance which discusses the reasons why the Board has decided to establish the Local Initiative. Second, the ordinance states that Board members are prohibited from receiving compensation for their service on the Local Initiative. And third, the ordinance states that the Local Initiative may take official action once a majority of the voting members have been appointed.

Commissioner Chow, who represents the Commission and has been participating on the San Francisco Medi-Cal Managed Care Local Initiative Steering Committee, encouraged the Commission to support this proposed ordinance.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) adopted the ordinance, (Attachment F).

8. CONSIDERATION OF A RESOLUTION PROPOSING RECOMMENDATIONS FROM THE JOINT COMMISSION HEARING OF OCTOBER 14, 1994 ON THE CHILDREN'S PLAN FOR FY 1995-96 TO THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

Abner Boles, Ph.D., Assistant Director of Planning for Children's Services, represented the Department at the Joint Commission Hearing (Health, Social Services, Recreation and Parks, Library, and Juvenile Probation Commissions).

President Jackson chaired the hearing, with Commissioners Kaufman, Ripple and Shriver in attendance. Commissioner Kaufman commented that even though the hearing started with a quorum of all five Commissions, the agenda did not allow any actions to be taken in accordance with the Brown Act. Therefore, she would like to have the Health Commission officially act on specific recommendations coming out of the hearing and to request the other four Commissions to consider a similar action.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) adopted Resolution #46-94, "Proposing recommendations From the Joint Commission Hearing of October 14, 1994 on the Children's Plan for Fiscal Year 1995-96 to the Mayor's Office of Children, Youth and Their Families, (Attachment G), as amended by Commissioner Chow.

9. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (7)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Health Commission Meeting
November 1, 1994

DIRECTOR'S REPORT

BUDGET UPDATE

Proposed Budget FY 95-96

The Department submitted its baseline expenditure and revenue estimates for fiscal year 1995-96 to the Mayor's Office. Based on our calculations, the Department's general fund request will need to increase by $50 million from the current general fund allocation.

The increase is due to several factors; employee MOU obligations, annualization of new services and the loss of one time revenues budgeted in FY 94-95. A significant portion of the additional general fund requested by the Department ($24.3 million) will maintain SFGH as a health care provider in San Francisco. The baseline revenue budget does not project additional revenue enhancements. I felt it prudent to assume revenues would remain constant given two factors: first, the fiscal impact of Medi-Cal Managed Care participation, enrollment and our consequent payor mix; and the current uncertainty surrounding SB 910 (MAC) claiming. The Department also had to project reductions in FY 95-96 revenues to account for one-time revenue gains in FY 94-95 which were budgeted against ongoing operating costs.

The baseline expenditure and revenue estimates will be used by the Mayor's Office to determine our FY 95-96 general fund allocation. The Mayor's Office has indicated that it will release FY 95-96 general fund allocations on Wednesday, November 9, 1994.

Also of note, the FY 95-96 budget year will mark the first-year implementation of Proposition G, Mission Driven Budgeting (MDB) for the City and County. I have attached the full text of the charter for your reference. (Attachment A) The Department of Public Health is scheduled to submit mission-driven budget information for the FY 95-96 budget. Under MDB, the Mayor's Office will shift its emphasis from reviewing line item expenditures to focusing on the mission, goals, performance measures and service outcomes of departments and their programs. Ideally, MDB will enable the Mayor's Office and the Board of Supervisors to make more informed decisions on service provisions.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

Proposition G encourages the Mayor and the Board of Supervisors to reward departments that exceed their revenue goals or exceed their operational goals. As you are aware, the Department was able to retain a portion of its FY 93-94 surplus. We will continue to pursue this type of arrangement with the Mayor's Office in the upcoming fiscal year.

Status of Supplemental Appropriate Requests

The Board of Supervisor's Budget Committee reviewed and approved the Department's requests for two supplemental appropriations last week. The first request was for $1 million in general funds which was set aside unanimously by the Board of Supervisors during the budget process to provide 3 1/2 months funding for substance abuse treatment services which lost Federal Asset Forfeit Seizure grant funds. The Mayor's staff reduced our request of $1 million to $848,942. The Budget Committee of the Board was distressed by the reduction proposed by the Mayor, and requested that the fund be restored to its original amount. The Mayor's Finance Director stated that she did not have the Mayor's authorization to increase the supplemental appropriation at this time. It was agreed the Department would re-issue another supplemental appropriation request for the remaining amount ($151,658). This request will be forwarded to the Health Commission for the next meeting in November.

The second supplemental request funds the costs of existing staff in the jails (mandated by the consent decree and Title XV regulations), and adds funding and staff for the new jail, scheduled to open December 3, 1994. As the Commission is aware, health services to the incarcerated are the sole responsibility of the general fund. The Department may not claim or receive any third party reimbursement for the care delivered to inmates. Our FY 94-95 budget request assumed changes in the nurses' MOU in order to reduce and contain our labor costs. The negotiation team was successful in eliminating the 10 hour shifts in forensics services which reduced the overall cost of providing nursing care at the jails. However, this change will not go into effect until January, which leaves our personnel budget underfunded for the first half of this year.

The Mayor's staff reduced our request for the salary adjustment from $500,000 to $150,000, leaving our budget with a deficit of $350,000. I met with the Mayor about this deficit last Tuesday, and also presented the issue to the Budget Committee for the Board of Supervisors. This service is a general fund responsibility which cannot fiscally or legally be absorbed as 'salary savings'. As I outlined for the Mayor, I believe it is not good public health policy to have the Department re-allocate service dollars from the indigent/working poor to cover the County's mandated services to the incarcerated population. Similarly I believe it is poor fiscal practices to expand expenditures and increase staffing to open the new jail while existing jail services are running in the red due to a lack of general funds to support required staffing levels mandated by Title XV and the Jail's consent decree. The Mayor was sensitive to both of these issues.

Accordingly, we will re-submit a request for $350,000 to adequately fund this service. This second request will also be forwarded to the Health Commission within the next month.

ADMINISTRATION

Managed Care Update for Mental Health

The State's target date for consolidation of San Francisco's psychiatric inpatient Medi-Cal funds and services under the administration of the County is January 1, 1995. DMS initiated a pilot project in partnership with the hospitals, to prepare for the consolidation and to develop the protocols for utilization review and discharge planning.

DMS will commence rate and contract negotiations with the hospitals as soon as the State confirms the amount of San Francisco's allocation of funds for inpatient consolidation. We know that San Francisco will receive 3.5% of the total funds for the State, because that was set in legislation AB 757. The specific amount will be released any day now.

First Africanized Honey Bees in California

The first naturally migrating swarm of Africanized Honey Bees, commonly called the killer bee by the media, has been detected in Riverside County at the Chuckwalla Valley State Prison west of Blythe.

A suspicious swarm of bees on a three inch pipe was killed by the prison fire department on October 24, samples were collected by the Riverside County Agricultural Commissioner and sent to the California and U.S. Department's of Agriculture for analysis on October 27. The sample was confirmed as Africanized October 28. No one was stung during the operation. The queen was not recovered but is assumed dead at the bottom of the pipe. The swarm is presumed to have crossed the desert on it's own and was seeking water and shelter when it arrived at this very isolated location. Artificial movement from Arizona is being investigated by Prison officials. but it seems unlikely at this time.

SAN FRANCISCO GENERAL HOSPITAL

Diversion Statistics

Not available at this time.

SFGH Parking Garage

Discussions continue with the Department of Parking and Traffic regarding equitable sharing of remediation costs among DPT, MUNI and DPH. The Parking Authority and Health Commissions have both passed resolutions in favor of shared costs. The Transportation Commission is scheduled to hear a resolution at their November 8th meeting. After passage of the Transportation Commission's resolution, the Parking Authority will grant approval to sell bonds for construction.

The bond sale date is tentatively scheduled for the last week in November. The construction contract will be awarded two weeks later when bond proceeds become available. Construction is scheduled to begin in January, with the project targeted for completion July 1996. Remediation of hazardous materials from the existing structure is proceeding smoothly, and should be completed by November 1st.

SFGH neighbors are in the process of identifying boundaries and securing signatures to establish a Residential Parking Permit program. The program, provides unlimited street parking to cars bearing permits, and should be on line when the new garage opens.

Paramedic Division Response Time Update

The Paramedic hiring/staffing plan was fully implemented in early October when the Mayor's Office released 10 paramedic requisitions bringing total new hires to 30. The employees started their orientation and training on October 17th, and will begin working field shifts the third week of November. The Divisions 90th percentile response times appear to be on a downward trend with the understanding that they always vary slightly due to call volume fluctuation, traffic patterns and other environmental factors. The October 1-14 report shows the code three 90th percentile at 11 minutes (10 minutes standard) and the code two 90th percentile at 26.3 (20 minutes standard). We remain committed to achieving the response time standards by the first of the new year.

SSI Service Center

A joint meeting between DPH and Department of Social Services (DSS) was held this month to review the status of the SSI Service Center and to review strategic issues. A key issue discussed was the appropriate location for the unit. The SSI Service Center assists clients in obtaining psychiatric and medical evaluations and documentation to make them eligible for SSI benefits. It seems logical that locating the Center at the General Assistance Office on Mission Street would insure greater client accessibility to services. One area that needs improvement is MIS support to tract patients through the system.

The funding and operational issues discussed resulted in several key resolutions:

a) Based on client access priorities, a consensus decision was made to keep the program located at the General Assistant Office.

b) A Joint DPH/DSS Work Group will be convened to support, develop, and monitor program activities.

c) Staff will develop a proposal for improved MIS support to insure accurate data collection and communication.

Power Outage
On Thursday, October 13, 1994, SFGH experienced a power outage caused when an automobile rammed into a PG&E power pole on 25th Street. The Medical Center experienced a 53 minute power outage. A Command Post was established by Gene O'Connell, Sr. Associate Administrator. The Med Center was placed on Level I (alert only) Disaster footing. No patient care problems were experienced.

The incident was debriefed at the next Administrative Operations meeting. The Event will be critiqued as a "disaster exercise" for JCAHO/Title XXII purposes.

Knox Keene Survey
The Knox Keene surveys conducted by Ken Martinez, Consultant, were completed on IM-Adult Medicine, 5M-OB/GYN & Family Planning, 6M-Pediatrics, and Ward 81/85-Family Practice, All areas scored more than 80%, with three scoring above 88%. Major areas which require correction include: physical plant (e.g. ADA bathrooms and ramps, 2 exam rooms per provider), medial records (e.g. organization, completeness, legibility), fire clearance/occupancy certificate, calibration of equipment, and biohazardous waste staging areas.

The nursing, medical, and administrative staff actively participated in the survey process and gave the experience positive evaluations. The consultant clarified questions about the Knox Keene regulations and recommended corrective actions. Each clinic has already started to develop actions plans to address deficiencies.

LAGUNA HONDA HOSPITAL

Institutional Master Plan
The City Planning Commission will hold a public hearing on the Laguna Honda Hospital Institutional Master Plan at its regular meeting on November 17th at 1:30 p.m. All public testimony will be recorded and presented to Laguna Honda Hospital for consideration as it continues it Facility Replacement Planning Process. All Commissioners and members of the public are invited to attend.

Annual Licensing & Certification Survey
A State Department of Health Services Licensing & Certification Team of twelve surveyors conducted its Annual Medicare/Medicaid Survey of Laguna Honda September 15 - 29. The Hospital received the written results of the survey October 17th. The survey document contains references to a variety of alleged deficiencies in several departments.

Of greatest significance is the Survey finding reflecting the Facility is not in compliance with the Level A requirement for the physical environment. This compliance is required for participation in the Medical/Medicaid Program. Program participation criteria require that the Facility provide for appropriate

Resident Rights, Quality of Care, Quality of Life, and Resident Behavior and Facility Practices to allow for Medicare/Medicaid reimbursement.

A "deficiency" is non compliance with a regulatory requirement. The item noted under the Level A requirement focused primarily on the Housekeeping Program along with a number of physical plan issues related to the age, design and the dilapidated mechanical system in the Main Building. We can expect the aging infrastructure to manifest itself in future survey deficiencies until these buildings are replaced.

The Licensing & Certification survey staff will return within 30 to 45 days to conduct a resurvey focusing primarily on the physical environmental issues. The Hospital staff is implementing an aggressive plan of correction to assure that the Level A requirement for physical plan is met during the resurvey. I am confident that the Hospital will successfully pass the resurvey.

COMMUNITY PUBLIC HEALTH SERVICES

Horace Mann Middle School Food Poisoning

Horace Mann Middle School had a foodborne outbreak on Friday, October 21st. The Department was notified late that afternoon and immediately began investigation. The purpose of the investigation was to determine how the food became contaminated. This finding will help prevent incidents in the future. The cultures are not yet complete, but the illness appears to have been due to Staphylococcal food poisoning, a disease with marked, self limited vomiting produced by a toxin. The attack rate among those students who ate in the cafeteria that day was 73%.

DPH inspected the kitchen and found no gross irregularities. Remaining implicated meat was embargoed until the cultures are complete.

New Director: Bureau of Children, Youth and Family Services

I am pleased to announce that Mildred Crear, R.N., M.A., M.P.H., has agreed to serve as Director of the newly formed Bureau of Children, Youth and Family Services within the Division of Community Public Health Services. In that capacity, Mildred will also serve as Director of Maternal, Child and adolescent Health (MCAH) Services for purposes of State planning and reporting. Mildred will work in close collaboration with Abner Boles, Ph.D., Assistant Director of Planning for Children's Services, to coordinate services for children department-wide.

The Bureau of Children, Youth and Family Services includes; Family Planning, Perinatal Services, Child Health and Disability Prevention Program (CHDP)/California Children's Services (CCS) and, in a collaborative relationship, the Women, Infant, Children (WIC) Program, Children's Dental Services and Special Programs for Youth.

Mildred has been with the department for 30 years, including the last 12 in the capacity as Director of CHDP/CCS. Mildred will be assisted in her new role by Janet Shalwitz, M.D., who will continue to serve as Medical Director of the bureau.

Balboa Teen Clinic

The Balboa Teen Clinic, a school-based clinic located at Balboa High School, has been formally integrated into Health Center #3 as an extension of the philosophy of Community-Oriented Primary Care (COPC). We think the formal linkage will enhance our ability to work with adolescents both in their schools and in their families and communities. In addition, through administrative efficiencies we will be able to dedicate time to develop a stronger focus on adolescents and community health problems associated with youth throughout the COPC network.

MENTAL HEALTH AND SUBSTANCE ABUSE

Update on the Rehabilitation Facility

The Department will release its request for proposal for operation of the Mental Health Rehabilitation facility tomorrow. Proposals will be analyzed and costs will be compared to the costs of providing these services in-house with civil service staff. We expect the analysis to be complete by December. The Department will subsequently submit recommendations to the Commission regarding the operation of the facility.

The Department has abandoned its plan to license the facility together with the Laguna Honda Distinct Part SNF license. We based this decision on HCFA's recent decision to disallow Santa Clara County's reimbursement of psychiatric skilled nursing services. We are now reviewing alternative options to determine if any part of the program can be made Medi-Cal eligible. In addition, we are reviewing the program design to determine if the cost to the program can be reduced.

I have asked Jeff Jue and Mental Health staff to review existing funding for institutional services to determine what can be shifted to the operation of the Mental Health Rehabilitation facility.

Homeless Matrix

The Mental Health and Substance Abuse outreach component of the Matrix Program is staffed by two mental health and one substance abuse outreach workers. Since the program's inception in October of 1993 to October 21, 1994, over 2,800 contacts have been made to homeless individuals. Of these contact, 25% refused services, 75% resulted in some type of service, including information, referrals, or transportation. There were a total of 130 involuntary (5150's) detentions for further evaluations at SFGH.

The demographic characteristics of the homeless individuals approached were as follows:

Males	79%	Caucasian	58%
Females	21%	African American	31%
		Hispanic	6%
		Asian	1%

Two vignettes are attached to illustrate the type of client served. (Attachment B)

EPIDEMIOLOGY, DISEASE CONTROL & AIDS

The AIDS Office has been awarded a $1,104,068 subcontract from NIAID (National Institutes of Allergy and Infectious Disease) to perform a 2-year Vaccine Preparedness study in San Francisco. This is part of a multi-site effort to determine the feasibility of conducting large-scale preventive HIV vaccine trials in the United State in persons at risk for HIV infection. The AIDS Office will enroll 750 HIV negative gay/bisexual men in San Francisco and follow them up to 2 year to determine HIV seroincidence (the rate of new HIV infections), risk factors for infection, and knowledge and attitudes towards participation in vaccine trials. Information from this study will be directly applied to the design of large-scale vaccine efficacy trials (once a vaccine is ready for testing) or development of other large-scale prevention trials.

TEXT OF PROPOSED CHARTER AMENDMENT
PROPOSITION G

~~Describing and setting forth a proposal to the qualified electors of the City and County of San Francisco to amend the Charter of said city and county by amending Section 6.201 and adding Sections 6.201-1 and 6.201-2 relating to requirements for mission driven budgeting.~~

The Board of Supervisors of the City and County of San Francisco hereby submits to the qualified electors of said city and county at an election to be held on June 7, 1994, a proposal to amend the Charter of said city and county by amending Section 6.201 and adding Sections 6.201-1 and 6.201-2, and to read as follows:

NOTE: Additions or substitutions are indicated by bold face type; deletions are indicated by ~~strike-out type~~.

~~6.201 Form of Budget Estimates~~

~~The classification of proposed expenditures included in budget estimates shall be uniform for all departments, offices, bureaus, divisions and branches. The estimates shall include or be accompanied by the following information:~~

~~(a) An itemized estimate of the total expense of conducting each department, bureau, division, office or board for the ensuing fiscal year, together with a separate schedule of the proposed work program.~~

~~(b) Statements of the expenditures by items for the last complete fiscal year, together with a separate schedule of the proposed work programs.~~

~~(c) The reasons for proposed increases or decreases, as compared with the current fiscal year, in any items of the proposed estimate.~~

~~(d) A schedule of positions and compensations showing any increases or decreases in the number of positions or rates of pay.~~

~~(e) Such other information as the mayor or the chief administrative officer may deem desirable.~~

Section 6.201 Mission Driven Budget

Beginning in fiscal year 1995 – 1996 and no later than fiscal year 1997 – 98, each departmental budget shall describe in detail each proposed activity of that department and the cost of that activity. In addition, each department shall provide the Mayor and Board of Supervisors with the following details regarding its budget:

a) the overall mission and goals of the department

b) the specific programs and activities conducted by the department to accomplish its mission and goals

c) the customer(s) or client(s) served by the department

d) the service outcome desired by the customer(s) or client(s) of the department's programs and activities

e) strategic plans that guide each program or activity

f) productivity goals that measure progress toward strategic plans

g) the total cost of carrying out each program or activity

h) the extent to which the department achieved, exceeded, or failed to meet its missions, goals, productivity objectives, service objectives, strategic plans and spending constraints identified in subsections a through f during the prior year.

It is the intention of the people that this mission driven budget process be phased in over the three year period mentioned in this section with the Mayor identifying for each of the three years approximately one-third of the City departments that shall thenceforth be required to comply with the requirements of this section and sections 6.201-1 and 6.201-2. Departmental budget estimates shall be prepared in such form as the Controller, after consulting with the Mayor, directs in writing.

Section 6.201-1 Departmental Budget Commitments

It shall be the duty of each officer, Board or Commission ultimately responsible for the management of each department to certify to the Mayor and the Board of Supervisors his/her or its commitment to perform the programs and activities with specified levels of performance for specified costs as outlined in the budget description and other information required by section 6.201.

Section 6.201-2 Departmental Savings and Revenue Gains

Within thirty days of the Controller's issuance of the combined annual financial report of the City and County of San Francisco, the Controller shall report to the Mayor and the Board of Supervisors regarding the extent to which each department has succeeded in the prior fiscal year in achieving savings measured by the difference between projected and experienced expenditures and the extent to which each department in the prior fiscal year has recovered additional revenues measured by the difference between projected and experienced revenues. The people of the City and County of San Francisco declare that it shall be City policy to encourage the Mayor and the Board of Supervisors, upon receipt of this report, through the supplemental appropriation process to give serious consideration to rewarding those departments that the Controller has certified pursuant to this section exceeded their revenue goals or met or exceeded departmental operational goals expending less than had been projected in the budget. □

Individual A

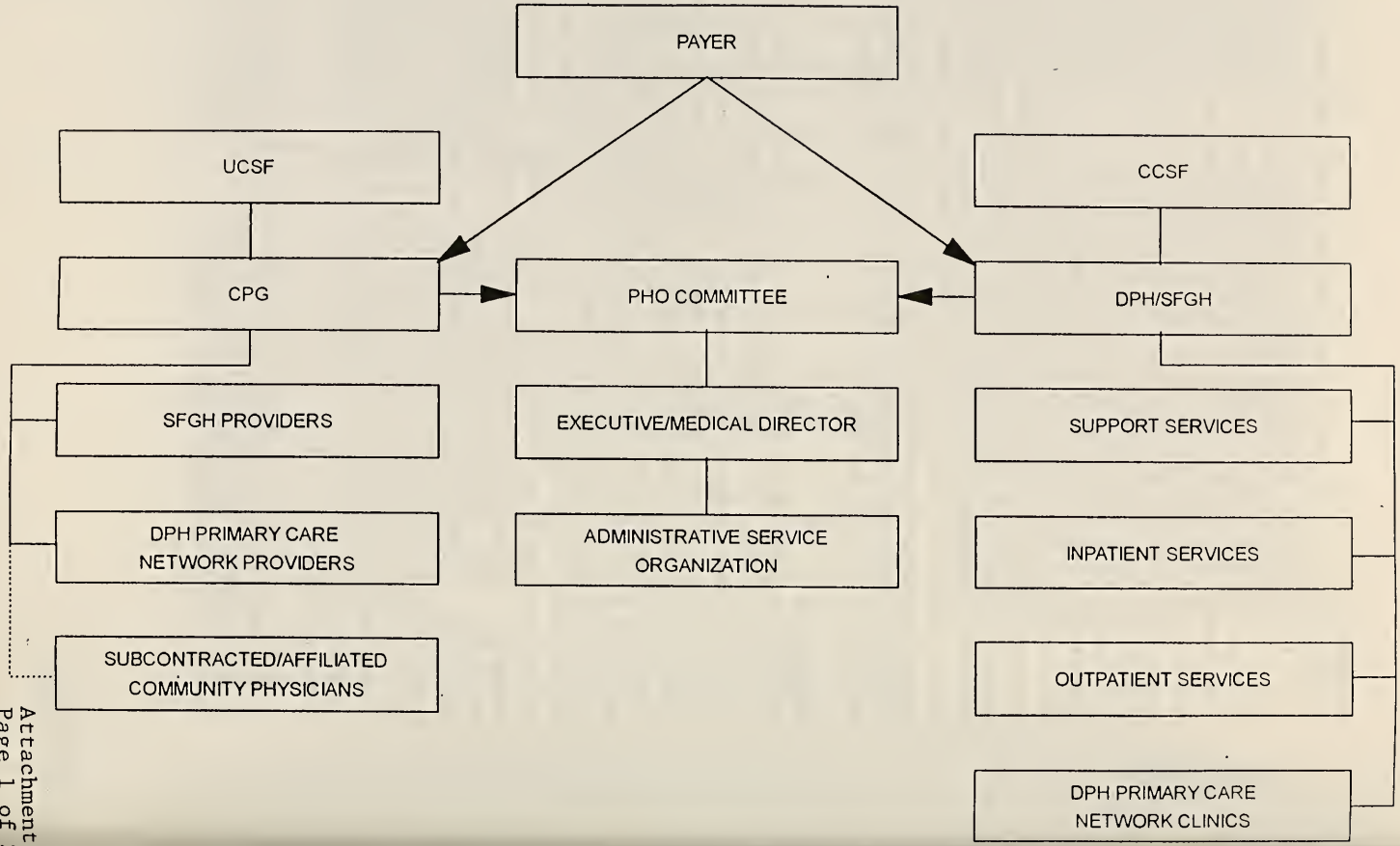
Is a forty–plus year old man. He was found living under the freeway. He was 5150'd three times due to grave disability. Following his release from PES at the end of the seventy-two hours evaluation involuntary holds, he was given follow-up appointments. He never attended the follow-up appointments. The individuals was known to speak in a threatening manner, i.e., "I think I'll just go over to the corner and hurt school children," but he never exhibited violent actions to the outreach team. He consistently denied all services offered. The individual was not receiving any financial benefits. MATRIX outreach referred this client to the MOST team for ongoing outreach services. The MOST team 5150'd the individual when he did not respond to voluntary interventions and was increasingly delusional gravely disabled, and living under the freeway in his urine-soaked spot. This individual was admitted to a psychiatric unit after his seventy-two hours evaluation. During the course of his hospitalization, he was found to have an extensive family back east. His family was contacted (they had been looking for the client for ten years). They wanted him to return home and agreed to continue diagnostic care and treatment. The individual was escorted to his family back east. MATRIX MOST outreach and crisis mental health interventions with this individual took place over approximately twelve months.

Individual B

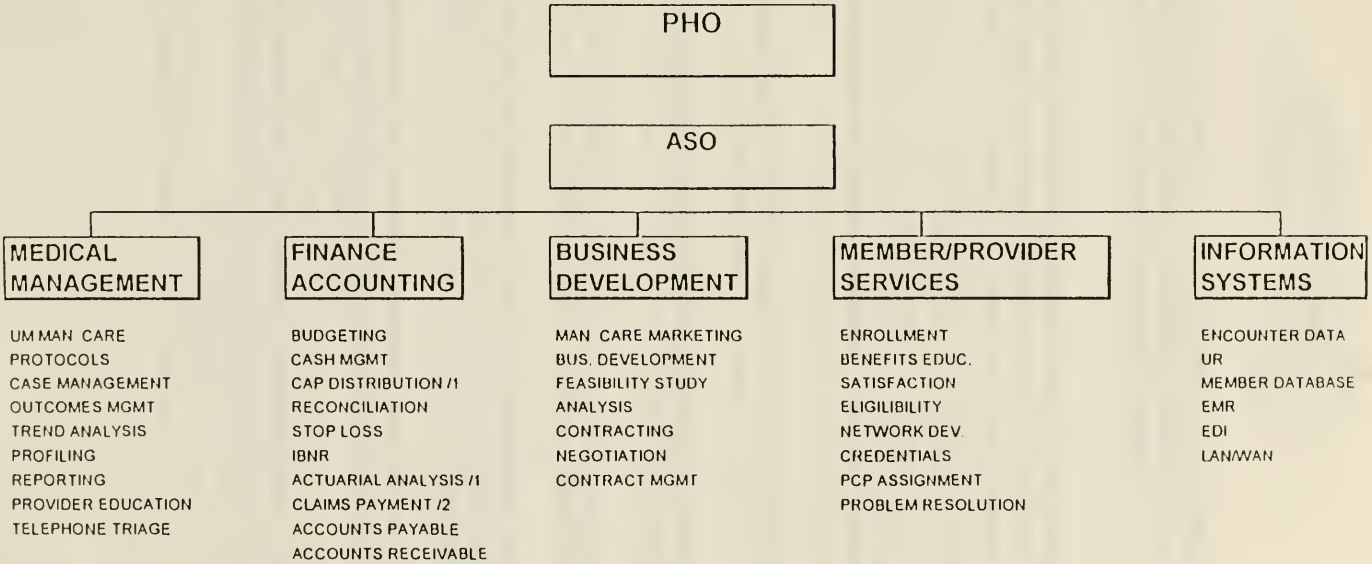
Is a fifty year old man found lying in an alley in the Tenderloin. the first MATRIX contact with him was about six month ago. The individual was lying in a pool of his own feces and urine. He stated that he had diarrhea for about one month. He was somewhat oriented to time and place and had eaten that day. The MATRIX team walked him to a local clinic for a medical evaluation. He did not stay long enough to be seen. We were re-introduced to Individual B by the police at the main Library. We found him lying in the bushes in the same state as before, incontinent, lice-ridden and confused. The MATRIX team arranged for his voluntary transportation to SFGH by MAP. Again he did not wait to be seen and returned to his place in the bushes. The next MATRIX contact was three weeks later. He appeared depressed. MATRIX transported him to the Mission Hotel. He was given a KWELL shower and signed up for the G.A. program. Individual B wandered away from the Hotel several day later. The next contact found him back at the Library in the bushes as before. At this point he was 5150'd as gravely disabled and taken to PES. He was admitted to psychiatric hospitalization, he was placed on a conservatorship and appropriately placed. This individual's contacts with the MATRIX outreach team took place over a six month period.

Both if these individuals were living in appalling conditions. Neither was able to access treatment or benefits on his own. These are examples of the accomplishments of the MATRIX outreach team.

CCSF/DPH/SFGH -- UCSF/CPG
PROVIDER-HEALTH DEPT. ORGANIZATION (PHO)
FOR MANAGED CARE



PHO Administrative Services



HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 43-94

SUPPORTING CONTINUING DEVELOPMENT OF THE PROVIDER HEALTH DEPARTMENT ORGANIZATION AND ITS ACTIVITIES IN PREPARATION OF MEDI-CAL MANAGED CARE

WHEREAS, the Provider - Health Department Organization (PHO) - was formed as an organizational structure through which the Health Department and the Clinical Practice Group (CPG) could make recommendations to their respective governing bodies regarding financial and programmatic activities related to managed care; and

WHEREAS, the four members of the PHO (Director of Health, SFGH Executive Director, UCSF Associate Dean at SFGH, CPG Chairperson) needed an administrative and operational structure which could perform staff work such as providing information needed to develop recommendations and later implementing decisions; and

WHEREAS, the PHO has formed what it calls an Administrative Services Organization (ASO) to perform this staff work related to managed care; and,

WHEREAS, the initial task of the ASO was to negotiate a Medi-Cal managed care contract on behalf of the Health Department and the CPG; and,

WHEREAS, proposed tasks for the ASO include developing and presenting the budget needed to support PHO and managed care activities; and,

WHEREAS, future responsibilities of the ASO function may include medical management, business development, member/provider services, information systems management, and finance and accounting; and

WHEREAS, the continuation and further development of the PHO and its ASO activities are imperative to the Health Department's participation in Medi-Cal managed care, now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the continuing development of the Provider - Health Department Organization and its activities in preparation of managed care and asks that a budget and sources of funds, including reallocation of existing resources, be developed for inclusion in the 1995-96 budget.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 44-94

SUPPORTING THE HEALTH DEPARTMENT'S PARTICIPATION IN BOTH THE LOCAL INITIATIVE AND THE MAINSTREAM PLAN OF THE STATE MEDI-CAL PLAN

WHEREAS, the State Medi-Cal Plan for San Francisco is a two plan model involving both a Local Initiative and a Mainstream Plan; and,

WHEREAS, the State has entered into Medi-Cal managed care contracts with two private HMOs in San Francisco and these contracts will be in effect until the State's two plan model is implemented; and,

WHEREAS, these private HMOs are already enrolling San Francisco Medi-Cal beneficiaries into their health plans; and,

WHEREAS, providing services to Medi-Cal beneficiaries is an important element to the Health Department's mission, and,

WHEREAS, the Health Department is at significant risk of losing market share if it does not participate in Medi-Cal managed care prior to the implementation of the State's two plan model, and,

WHEREAS, managed care will significantly change the manner in which health care services are provided; and,

WHEREAS, the Department's analysis shows that in order to maintain existing Medi-Cal market share, it will have to participate in both the Local Initiative and the Mainstream Plan; and,

WHEREAS, the Health Department needs to pilot a managed care program now so that it will be prepared to serve the full population of Medi-Cal beneficiaries when the State's two plan model is implemented, now, therefore, be it

RESOLVED, that the San Francisco Health Commission's strategy for the Department of Public Health is to participate in both the Local Initiative and the Mainstream Plan

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 1, 1994

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 45-94

PROVIDING NON-EMERGENCY HEALTH CARE SERVICES TO ENROLLED MEMBERS OF MANAGED CARE PLANS THAT DO NOT INCLUDE THE DEPARTMENT OF PUBLIC HEALTH AS A PROVIDER

WHEREAS, the State of California Department of Public Health services has determined that all AFDC-linked Medi-Cal beneficiaries will become enrolled in managed are plans by December 1995; and,

WHEREAS, some manage care plans have already begun to enroll Medi-Cal beneficiaries in all aid categories on a voluntary basis during an interim enrollment period; and,

WHEREAS, the Department of Public Health will have to participate in one or more managed care plans if it is to continue as a provider of personal health care services to AFDC-linked Medi-Cal beneficiaries effective December 1995; and,

WHEREAS, managed care plans participating in the Medi-Cal Program will receive a fixed payment per enrolled member per month to provide all covered health services each member should require; and,

WHEREAS, an enrolled member of a Medi-Cal managed care plan is no longer eligible to participate in a fee-for-service health care system; and,

WHEREAS, the Department of Public Health will no longer be able to receive Medi-Cal reimbursement for services provided to enrolled members of managed care plans that do not include the Department as a provider; now, therefore, be it

RESOLVED, that the Health Commission supports Board of Supervisors Resolution #819-94 opposing the California Uniform Tobacco Control Act (Proposition 188); and, be it

FURTHER RESOLVED, that effective immediately, the Department of Public Health will not provide non-emergency personal health care services to Medi-Cal beneficiaries enrolled in a managed care plan that does not include the Department of Public Health as a provider; and, be it

FURTHER RESOLVED, that this policy includes only those services encompassed under the Medi-Cal scope of services, including inpatient, outpatient and ancillary services, for which capitation payments are the source of reimbursement, specifically exempting mental health, dental and long-term care services that have been "carved out" of managed care; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 45-94

FURTHER RESOLVED, that, at the discretion of a Department of Public Health medical provider, a former patient who has enrolled in a managed care plan that does not include the Department of Public Health as a provider may receive a final visit at no additional patient liability, other than that which would have been assessed under Medi-Cal fee-for-service rules, in order to confirm the intent of the patient to sever ties with the provider and, if confirmed, to arrange to communicate relevant clinical information to the former patient's new provider; and, be it

FURTHER RESOLVED, that nothing in this policy precludes enrolled members of managed care plans that do not include the Department of Public Health as a provider from seeking non-emergency personal health care services at Department of Public Health facilities, provided that they are willing to pay full charges out-of-pocket.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 1, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

FILE NO._____ ORDINANCE NO._____

(Health Authority)

AMENDING THE SAN FRANCISCO ADMINISTRATIVE CODE BY ADDING CHAPTER 69, ENCOMPASSING SECTIONS 69.1 THROUGH 69.6, TO ESTABLISH THE SAN FRANCISCO HEALTH AUTHORITY AS A PUBLIC ENTITY, DISTINCT FROM THE CITY AND COUNTY OF SAN FRANCISCO, TO BE THE LOCAL INITIATIVE COMPONENT OF THE MEDI-CAL STATE PLAN, WITH AUTHORITY TO ENGAGE IN ACTIVITIES INVOLVING THE PROVISION OF HEALTH CARE SERVICES TO VARIOUS PARTIES, INCLUDING MEDI-CAL BENEFICIARIES.

Be it ordained by the People of the City and County of San Francisco:

Note: All sections are new.

Section 1. The San Francisco Administrative Code is hereby amended by adding Chapter 69, encompassing Sections 69.1 through 69.6, to read as follows:

CHAPTER. 69. THE SAN FRANCISCO HEALTH AUTHORITY.

Section 69.1. The San Francisco Health Authority; Establishment.
Section 69.2. Purpose.
Section 69.3. Powers and Responsibilities.
Section 69.4. Governing Body.
Section 69.5. Required Insurance.
Section 69.6. When Constituted.

SEC. 69.1. THE SAN FRANCISCO HEALTH AUTHORITY; ESTABLISHMENT. Pursuant to the authority granted to the City and County of San Francisco by Welfare and Institutions Code Section 14087.36 (hereafter, "Section 14087.36"), there is hereby established the San Francisco Health Authority as a public entity separate and distinct from the City and County of San Francisco.

SEC. 69.2. PURPOSE. The San Francisco Health Authority recognizes that Medi-Cal beneficiaries have traditionally faced a significant lack of access to health care and have been dependent upon traditional, safety net, and other concerned providers for needed health care services. The City and private providers of health care and other interested parties have collaborated in the development of a managed care plan and the San Francisco Health Authority is established as the result of this collaborative effort.

The Board of Supervisors has determined to establish the Health Authority as the Local Initiative under the Medi-Cal program. The Board of Supervisors has determined that it is in the public interest to establish the Health Authority to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and

linguistically appropriate; and to ensure preservation of the safety net.

SEC. 69.3. POWERS AND RESPONSIBILITIES. (a) The San Francisco Health Authority shall be the local initiative component of the Medi-Cal state plan pursuant to regulations adopted by the State Department of Health Services.

(b) The Health Authority may undertake all actions and perform all functions authorized by Section 14087.36 or otherwise permitted by law. In addition, the Health Authority may apply for and obtain licensure as a health care service plan under Health and Safety Code Section 1340 et seq. and, once so licensed, may engage in all activities permitted of a health care service plan.

(c) The Health Authority may enter into contracts to provide or arrange for health care services for persons eligible to receive benefits under the Medi-Cal program and to other individuals, including, but not limited to, those covered under Subchapter 18 (commencing with Section 1395) of Chapter 7 of Title 42 of the United State Code, individuals employed by public agencies and private businesses, and uninsured or indigent individuals.

(d) The Health Authority shall have all the rights, powers, duties, privileges, immunities, and obligations provided pursuant to Section 14087.36.

(e) Members of the governing body of the Health Authority

shall not be compensated for their service on the governing body, but may be reimbursed for authorized expenses under procedures established by the governing body.

(f) The Health Authority may adopt rules and regulations governing the operation and procedures of the governing body and the Authority, provided that such rules and regulations are not in conflict with the provisions of Section 14087.36.

SEC. 69.4. GOVERNING BODY. (a) The governing body of the Health Authority shall consist of 19 members who shall have the qualifications required by Section 14087.36. The Board of Supervisors shall, by resolution, appoint fourteen persons pursuant to the nomination procedure set forth in Section 14087.36. The Mayor shall appoint a person to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a person to serve at its pleasure. Appointments and changes in appointment, other than those of the Board of Supervisors, shall be made by filing written notice with the Clerk of the Board of Supervisors.

(b) All members of the governing body shall be voting members except the member appointed by the San Francisco Health Commission.

(c) The initial members appointed by the Board of

Supervisors shall be, to the extent those individuals meet the qualifications required by Section 14087.36(k) and are willing to serve, those persons serving as members of the San Francisco Managed Care Steering Committee.

(d) The term of office for each member appointed by the Board of Supervisors shall be three years; provided that at the initial meeting of the governing body, the members appointed by the Board of Supervisors shall draw lots to determine seven members whose initial terms shall be for two years; and provided further that the person appointed pursuant to Section 14087.36(k)(1)(A) as a member or representative of the Board of Supervisors shall serve at the pleasure of the Board.

(e) For purposes of Government Code Section 87103, the members of the governing body are appointed to represent and further the interests of the specific health care providers and other interests specified in Section 14087.36(k) and (q).

(f) The filling of vacant positions, the rights of members whose terms have expired, voting procedures, the selection of the chair, the establishment of committees, and the procedure for changing the composition of the governing body and the appointment of members shall be as set forth in Section 14087.36.

(g) A member of the governing body may be removed from office by the Board of Supervisors by resolution, but only upon the recommendation of the Health Authority and for the reasons specified in Section 14087.36.

(h) A member of the governing body may resign from office by submitting a written notice of resignation to the Health Authority.

(i) Upon approval of this ordinance, the Clerk of the Board shall schedule a hearing before an appropriate committee of the Board for consideration of the appointment of members to the governing body of the Health Authority. The Clerk shall provide notice of the hearing to persons and entities with the authority to nominate and to other interested parties.

(j) The Health Authority shall notify the Board of Supervisors four months prior to the expiration of any term of office of a member of the governing body. The Clerk shall promptly notify the entity with the authority to nominate a person for the position that a nomination is required and must be submitted within 30 days. Upon receipt of the nomination, the Clerk shall schedule a hearing before an appropriate committee of the Board for consideration of the appointment. If a position on the governing body becomes vacant, the Health Authority shall promptly notify the Clerk, who shall notify the nominating authority for the vacant position and, upon receipt of the nomination, schedule a hearing before the appropriate committee of the Board for consideration of an appointment to fill the vacant position.

SEC. 69.5. REQUIRED INSURANCE. The Risk Manager of the City and County shall determine the type and amount of insurance

that is reasonably necessary to enable the Health Authority to provide for the defense and indemnification of employees of the Health Authority who are employees of the City and County of San Francisco, as required by Section 14087.36(d)(1)(A). The Health Authority shall provide insurance of the amount and type, and subject to such terms and conditions, as may be required by the Risk Manager, including any changes in that determination that may be appropriate for reasons that the Risk Manager shall provide in writing.

SEC. 69.6. WHEN CONSTITUTED. The Health Authority may take official action once a majority of the voting members of the governing body have been appointed.

Approved as to form:

LOUISE H. RENNE
City Attorney

By _____
Deputy City Attorney

2809H (10/25/94)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 46-94

PROPOSING RECOMMENDATIONS FROM THE JOINT COMMISSION HEARING OF OCTOBER 14, 1994 ON THE CHILDREN'S PLAN FOR FISCAL YEAR 1995-96 TO THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

WHEREAS, the language of the Children's Amendment mandates that an annual plan be developed to delineate the citywide priorities that will drive the expenditures of the accrued Children's Fund dollars; and,

WHEREAS, the Mayor's Office of Children, Youth and Their Families (MOCYF) held a Joint Hearing with the Health Commission, Social Services Commission, Recreation and Park Commission, Juvenile Probation Commission, and Library Commission on October 14, 1994 for the purpose of providing input at the beginning of the annul Children's Plan planning process; and,

WHEREAS, Children's Fund allocations have been made for the past three years and services have been provided which have impacted children and families without adequate external evaluation of the funded programs; and,

WHEREAS, an Executive Resolution has been issued by the Mayor mandating City Departments and Commissions, and inviting the SFUSD, private industry, philanthropic organizations, elected neighborhood representatives, service providers and advocates to participate in the development of a citywide strategic plan to guide the expenditure of all public and private dollars servicing children, youth and their families; and,

WHEREAS, the above organizations have been formed as the Children's Collaborative Planning Committee; and,

WHEREAS, the Children's Collaborative Planning Committee has experienced frustration and disappointment in the lack of staff support from MOCYF in the strategic planning process; and,

WHEREAS, input from the Commissioners and the public was given towards the development of the 1995-96 Children's Plan; now, therefore, be it

RESOLVED, that the Health Commission supports the following recommendations made at the Joint Hearing:

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 46-94 (Cont'd.)

1) That MOCYF invite the Police Commission, the Art Commission, and the San Francisco Unified School District to future Joint Commission Hearings;

2) That MOCYF institute an external evaluation of Proposition J funded programs to assist in service enhancement directing future program allocations;

3) That MOCYF institute consistent internal monitoring of programs currently receiving MOCYF funding; and, be it

FURTHER RESOLVED, that the Children's Collaborative Planning Committee present an update of the citywide strategic planning process at the next Joint Commission Hearing; and, be it

FURTHER RESOLVED, that the Health Commission request the Social Services Commission, Recreation and Park Commission, Juvenile Probation Commission and Library Commission each adopt a similar resolution to be transmitted to MOCYF.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 1, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

SF
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#1
1/15/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

November 15, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 1, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Melinda Paras)

(3.1) Report on 1st Quarter Expenditures and Revenues for FY 1994-95.

(3.2) ***DMSF*** - Approval of a supplemental appropriation request of $151,058 in General Fund to continue substance abuse programs formerly funded through Asset Forfeit Seizure funding.

(3.3) ***DMSF*** - Approval of a supplemental appropriation request of $350,000 in General Fund to the Forensics Services personnel accounts in order to correct funding deficiency within jail health services.

(3.4) ***DMSF*** - Approval of a supplemental appropriation request of $2,260,310 from unexpended general funds carried forward from FY 1993-94 to fund start up equipment, materials and supplies, and MIS costs associated with the operation of the Mental Health Rehabilitation Facility.

(3.5) **CHS - Support Services** - Renewal Contract with Northeast Medical Services in the amount of $120,000 to provide breast and cervical cancer screening and diagnosis, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with Northeast Medical Services for services totaling $164,835 in FY 1993-94).

(3.6) ***CHS - Support Services*** - Renewal contract with University of California Regents, Women's Health Center at SFGH in the amount of $67,000 to provide breast and cervical cancer screening and diagnosis, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.7) ***SFGH -Patient Finance*** - Retroactive approval to renew the contract with the University of California, San Francisco (UCSF) in the amount of $720,000 for Tertiary Care Services at San Francisco General Hospital (SFGH) for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 93-94 exclusive of the Affiliation Agreement).

(3.8) ***Toxics - Environmental Health*** - Retroactive sole source and multi-year contract approval with UCSF Poison Control/Toxic Information Center in the amount of $54,927 per year to provide expert environmental toxicology consulting services to City Toxics' Management and Fire Department employees, for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

4. DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

5. CONSIDERATION OF CONTRACT PROCESSING AND POLICY ISSUES:

I. Policy Clarification

a. Cultural competency
Affirmative action for Board and staff of contractors
b. Board of Directors' conflict of interest
c. Consideration of a resolution to amend the audit policy for Department of Public Health contractors

II. Improving the development, processing and management of community contracts

III. Department-wide Program Evaluation

IV. Cost-Saving Initiatives

V. Citywide Non-profit Work Group

6. CONSIDERATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO PARTICIPATE IN THE STATE OF CALIFORNIA PLAN FOR THE EMERGENCY ASSISTANCE PROGRAM (TITLE IV-A)

7. CONSIDERATION OF THE DEPARTMENT OF PUBLIC HEALTH TO ENTER INTO MANAGED CARE CONTRACTS

A. CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO ENTER INTO A CONTRACT WITH PACIFICARE

B. **CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS.**

C. **CONSIDERATION OF A RESOLUTION OF A LETTER OF INTENT TO PACIFICARE FOR A REQUEST FOR APPLICATION FOR STATE MAINSTREAM PLAN**

8. **CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS AND MAYOR'S OFFICE TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH'S DIVISION OF MENTAL HEALTH TO SERVE AS THE LOCAL PLAN ADMINISTRATOR FOR MEDI-CAL MENTAL HEALTH**

9. **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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11/15/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
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Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 15, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Melinda L. Paras
Commissioner Helen B. Ripple, R.N., M.S.N.
Commissioner Michael D. Shriver

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 1, 1994

Action Taken: The Commission unanimously adopted the minutes of November 1, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Melinda Paras)

(3.1) Report on 1st Quarter Expenditures and Revenues for FY 1994-95.

(3.2) ***DMSF*** - Approval of a supplemental appropriation request of $151,058 in General Fund to continue substance abuse programs formerly funded through Asset Forfeit Seizure funding.

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Commissioner Shriver pointed out that the contractor (UCSF) is out of compliance with Commission policy on Board composition and the audit requirement. It was reported that Governor Wilson has nominated three ethnic minorities to the University of California Board of Regents.

(3.7) ***SFGH -Patient Finance*** - Retroactive approval to renew the contract with the University of California, San Francisco (UCSF) in the amount of $720,000 for Tertiary Care Services at San Francisco General Hospital (SFGH) for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 93-94 exclusive of the Affiliation Agreement).

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Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) approved #3.1, 3.2, 3.3, 3.4, and 3.5.

The Commission (Jackson, Kaufman, Chow, Paras, Shriver) approved #3.6, 3.7, and 3.8), with Commissioner Ripple abstaining because she is an employee of UCSF.

4. DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

BUDGET
FY 1995-96 General Fund Allocation

Last week the Mayor's Office informed the Department that its general fund allocation for fiscal year 1995-96 would be $114 million. While this represents a $4 million increase over this year's current $110 million general fund allocation, it is significantly less than our requested general fund increase of $50 million. Additional general fund dollars are needed to fulfill City and County employee MOU obligations, annualize new services and replace one-time revenues budgeted in 1994-95.

As a result of the Mayor's general fund allocation, the Department will start its 1995-96 budget process with a $46 million shortfall. It must be noted that this deficit does not include all potential State reductions in local funding for health services. In all likelihood, our deficit will increase after the Governor releases his proposed 1995-96 State budget.

The Department will again be in the unfortunate position of proposing service reductions in order to present a balanced budget within the 1995-96 general fund allocation. As in previous years, the Department will seek revenue enhancements and administrative/operating efficiencies before proposing service reductions. Revenue enhancements and operating efficiencies alone will not close the $46 million funding gap.

In addition to releasing general fund allocations, the Mayor also released his 1995-96 priorities. As in previous years, the Mayor reiterated his commitment to public safety, making it his top priority. The Mayor also stated his intent to improve the Municipal Railway System and improve government efficiency through departmental reorganizations and consolidations. The Mayor will not approve proposals to fund new programs and/or expand existing programs in 1995-96. The Mayor also indicated that departments which identify expenditure savings or revenue increases during the current fiscal year would be able to apply a portion of these savings to augment existing programs or offset reductions in the 1995-96 general fund allocations. While I believe it is unlikely that we will run a surplus in this current year, it is a good budget policy for City departments generally. The Department will work closely with the Mayor's budget staff to develop a 1995-96 budget which reflects our best prioritization of health programs and meets Mayoral priorities.

ADMINISTRATION

Proposition 187

As you know, Proposition 187 was approved on November 8, 1994. On November 9th, eleven separate lawsuits were filed to challenge Proposition 187 on constitutional and statutory grounds.

- In San Francisco Superior Court, Justice Stuart Polack granted a Temporary Restraining Order regarding the educational provisions of the initiative.

- In Los Angeles Federal District Court, Presiding Justice William Byrne suspended enforcement of all provisions of Proposition 187 until November 16, 1994. when another hearing on the initiative will be held.

- Governor Wilson released an Executive Order suspending the implementation of Proposition 187 until emergency regulations could be developed to implement the initiative.

Additional legal challenges addressing the harmful implications of Proposition 187 will be filed throughout the week by health, education and social services advocates.

I spoke with the City Attorney last week to discuss the Departments legal responsibilities in light of the pending court cases. Subsequent to that conversation, I issued a directive to all employees stating the Department shall continue to follow normal operating procedures until further notice. I have prepared a resolution for the Commission's consideration that would formalize this directive as Department policy.

It is my intention to send updates to employees on a regular basis as new information becomes available. We will also post notices this week in multiple languages in all our Mental Health and Primary Care Clinics and write Departmental contractors detailing the status of Proposition 187 implementation.

In addition, the Board of Supervisors passed Supervisor Kaufman's immediate adoption resolution yesterday calling upon the City to support the legal challenges against 187. This resolution urges the Health Department to pursue State exemptions to Proposition 187, and urges the Mayor to declare a public health emergency if Proposition 187 is enacted.

Managed Care Update

During the interim enrollment period for Medi-Cal Managed Care, State approved commercial plans may voluntarily enroll Medi-Cal beneficiaries into their plans. A number of marketing techniques have been used including door-to-door solicitation. The Department of Public Health, the Department of Social Services and our Primary Care Clinics have received numerous complaints about the marketing techniques the commercial plans have employed. In particular: enrollees have not been fully informed about covered benefits; they've received inaccurate information on where to access services; enrollees were not informed about disenrollment procedures; and they may have been misled into thinking that enrollment is mandatory at this time.

Marketing transgressions of the types mentioned above undermine a Medi-Cal beneficiaries ability to choose an appropriate health plan. The Department would like to see an end to door-to-door marketing by commercial plans. Enrollees need accurate, complete and uniform information about their options under managed care to make informed decisions about health care coverage.

Staff from State's Health Care Options Unit, the Department of Social Services, the San Francisco Local Initiative and DPH met to discuss door-to-door marketing and the implementation of Health Care Options (HCO). According to the State, HCO cannot begin until the Local Initiative is implemented. In San Francisco, the Local Initiative is proposing to start operations in July 1995. In addition, the State informed us that door-to-door marketing cannot be discontinued until the Local Initiative is operational. As a result, door-to door marketing in San Francisco will continue for another seven months with what appears to be inadequate State oversight and without HCO. DPH will continue to work with the State DHS to resolve these issues. Members of the Board of Supervisors have expressed concern and interest in this problem. We will work with the Board in any way possible to improve beneficiaries access to accurate information about obtaining optional health care services.

Recommended Terminology in Reference to "Illegal Aliens"

The term "illegal alien" has been the official terminology of the Immigration and Naturalization Service, and has been adopted by many in the legal profession and the media.

The use of the term "illegal alien" is emotionally charged and connotes the image of someone who is less than human and criminal, and therefore, should be punished and deported. What gets overlooked are the real desires of undocumented residents to become contributing members of our community. They work, patronize local businesses, pay their own rent and transportation, and generally seek the kind of opportunities they would otherwise not have in their home countries.

At my request, the Refugee and Immigrant Task Force suggested an alternative to the term "illegal aliens", that acknowledges the realities of (1) their presence in our community, and (2) their immigration status. The term undocumented resident will now be used by the Department to identify residents of
San Francisco who lack the immigration papers that authorize their residency in the United States.

SAN FRANCISCO GENERAL HOSPITAL

Worker's Compensation Update

I am extremely pleased to report that the Retirement Board unanimously selected the joint SFGH - UCSF/Mt. Zion worker's compensation bid proposal last week. We are looking forward to providing quality health care to all City workers and an excellent data/claims management system for optional oversight of worker's compensation costs. Contract negotiations will begin immediately. The target date for making the transition from St. Francis to SFGH is January 1.

Special acknowledgment goes to Leslie Aguayo, Bob Harrison, M.D., Diane Liu, M.D., Maggie Rykowski, Neil Scannell, M.D., Mary Spangler, Julia Velson, and Vicki Wells for the long hours spent in developing our outstanding bid proposal and in standing behind it throughout the lengthy selection process.

Paramedic Response November 13 Incident

Four victims were taken to San Francisco General Hospital after the shooting incident November 13th. Officer James Guelff was immediately taken to the Operating Room from multiply gunshot wounds. Officer Guelff expired at 3:00 a.m. His family approved organ donation.

Officer John Payne received a gunshot wound to the liver and initially was taken by fellow officers to St. Francis at his request. He was transferred by paramedics to San Francisco General to be treated by the Trauma Team. Officer Payne is in satisfactory condition in Critical Care. The third victim was a homeless man, Robert Pinckey, who sustained gunshot wounds to his arm and leg. He is in good condition.

Paramedic Melanie Brandon's ambulance arrived at the scene and became a target for gunshots. She and her partner moved to the back of the ambulance. A bullet pierced the ambulance and Ms. Brandon received a wound to her forearm. She was treated in the Emergency Room at San Francisco General and was released.

SFGH Diversion Statistics

October's Critical Care Diversion statistics were 16%.

On Saturday, November 5, 1994, the Emergency Department went on diversion for 3 hours due to multi-casualties as a result of the rain storm. Critical Care then also went on diversion for a total of 15 hours.

The 14th Annual SFGH Employee Recognition Banquet
The 14th Annual SFGH Employee Recognition Banquet was held October 21st. The prized Executive Administrator's Award for Outstanding Individual Achievement was presented by Richard Cordova to Brenda Barros, an employee in the Adult Medical Clinic.

Individual Merit Awards were given to Doreen Dare, the Director of Hospital Education and Training and to Juan Murillo and Charlene O'Neil from the Plant Services Department. These award winners were nominated and selected by their fellow employees.

Department awards for outstanding progress and team work were presented to the 6M Pediatric Productivity Group, Laundry and Linen Services, and Transportation and Parking. Additionally, the evening honored over 250 employees who have worked between 10-35 years at SFGH.

The evening was topped off with a "No Talent Show" judged by Commission President, Arthur Jackson and Commission Secretary, Sandy Mori.

Medical Staff Education
On Saturday, November 5, 1994, the combined medical staff of the CPHS Primary Care Network and SFGH met to discuss managed care planning in the Department of Public Health. Approximately 50 members of the combined Medical Staff heard a series of presentations on such topics as the State's two plan model, managed care planning by DPH, the Provider - Health Department Organization, and the PacifiCare contract. This meeting served as the first of a series aimed at educating the medical staff about managed care planning and implementation.

CQI and Facilitator Training
San Francisco General Hospital is continuing its efforts to improve organizational performance by offering classes to staff on the use of non-statistical tools and facilitation skills. Approximately 55 DPH staff have completed the Continuous Quality Improvement (CQI) Tools class and 60 have attended the three day Facilitation Training Series.

Progressive Care Unit
The 4B Progressive Care Unit (PCU) and Multidiagnosis Detox Unit opened today. The PCU is designed to provide intermediate care at a level between critical care and general medical-surgical care. The unit includes sophisticated technology for continuos patient monitoring. The 24 bed PCU consolidates five existing "step-down" areas within SFGH: 4D-TCR, 5C-MOR, 4A-COR, 5D-Telemetry, and 3B-MPA.

The designated primary medical director of the PCU is Jan Horn M.D. as chair of the Critical Care Committee. Nora Goldschlager, M.D. and Phil Hopewell, M.D. will serve as co-directors. The Critical Care Committee will provide oversight to the PCU for utilization and quality of care issues. Ken Jones R.N., MSN is the designated head nurse for the PCU. Staff have been selected and trained.

The Acute Detox Unit is a joint project between Substance Abuse Services of the Division of Mental Health and Substance Abuse at SFGH. The target population are patients in need of acute detoxification and those with associated psychiatric and medical complications. Particular emphasis will be given to patients who are HIV+ with the goal of having 1/3 of the patients from that

population. The 6 bed unit will be administered through Psychiatric Emergency Services (PES) and admissions will be coordinated through that unit.

Parking Garage Update
The parking garage financing package is currently under review by insurers, and preliminary indications show the project will meet the criteria for acceptance. $1.75 million originally committed to a "payment reserve account" will be released once the project is insured Money from this reserve account will soon become available for project related expenses. SFGH will be reimbursed the $476,000 it advanced Parking and Traffic (DPT) early in the project for site remediation expenses. DPT will process a supplemental in January to appropriate the funds to SFGH and other departments with pre-financing agreements.

The bond sale date is tentatively scheduled for November 29th, with contract award two weeks later when bond proceeds become available. Construction beginning with demolition, is scheduled for January, with project completion targeted for September, 1996.

LAGUNA HONDA HOSPITAL
Healthcare Management Association Recognition
Laguna Honda's Administrator of Information Systems, Dennis Sato, was recently profiled in the Northern California Healthcare Management Association (HFMA) newsletter. Mr. Sato volunteers in public, community, and professional service organizations. Mr. Sato serves in the following capacity: chair, HFMA Systems Committee; chair, Marin County Human Rights Commission; chair, Novato Police Advisory and Review Board; member, Executive Committee Bay Area Police Oversight Network; member, Japanese American Citizen League; and member, CIO Advisory Council of Healthcare Information Systems Society.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
Substance Abuse Funding Problems
The challenge of meeting the 1994-95 shortfall for substance abuse services continues without resolution. While the Mayor and Board of Supervisors have already assisted in the funding of about half of the lost Federal Asset Forfeit Seizure grant, there remains a $1.5 million funding gap for current service levels to be maintained through the end of this fiscal year. In addition, the Sheriff has served notice that as of December 31, 1994, 70 residential drug treatment beds in the community will no longer receive funding support from the Sheriff's Department. This additional annual loss of $1.5 million in current treatment capacity further exacerbates an already dangerous public health situation.

While some modest relief may be available through a $500,000 annual treatment program allocation in the Target Cities Program, we are still a long way from locating funding resources to maintain current treatment capacity.

Resolution of the Drug/Medical lawsuit brought by plaintiffs against the State appears to be proceeding without the major program disruption anticipated earlier. CSAS, in concert with its CAAB/DAAB and service providers, proposed a draft plan which will respond to the lawsuit term and conditions but maintain local discretionary programs intact for 1994-95. This proposal will be presented to the Health Commission in December.

Deputy Director's Appointment
I am pleased to announce that Jeff Jue, LCSW, Deputy Director of Mental Health Services has been elected to the Executive Committee of the California Mental Health Directors Association. He will serve as Secretary/Treasurer for the Association. This as an important achievement in light of San Francisco's long standing conflicts with most counties because of the equity issue.

COMMUNITY HEALTH SERVICES
Knox Keene
In anticipation of the Department's entry into a mainstream managed care contract, representatives from PacifiCare conducted site visits to monitor compliance with Knox-Keene standards at Potrero Hill Health Center and Health Center #3, which are scheduled to launch the pilot project. Compliance with Knox-Keene standards is necessary to participate in managed care plans. I am pleased to report that they substantially exceed the minimum requirements and that only a couple of minor corrections must be made.

You may recall I reported to you in January 1994 about the Primary Care Clinics problems with heating, leaky roofs and rotary dial phones. This latest news is a tribute to the staff of all the Clinics, to Mary Anne McGuire-Hickey who oversees compliance with standards and to the facilities maintenance unit who have worked hard to get the Clinic operations and facilities ready for managed care.

BUREAU OF ENVIRONMENTAL HEALTH
Annual Quarantine Lifted for Sport-Harvested Mussels
Sacramento - State Health Director Kim Belshé announced that the statewide quarantine on mussels taken by sport harvesters ended October 31st. Extensive sampling of mussels have confirmed that shellfish-borne toxins are at safe levels at all locations in the State.

The Department of Health Services has used shellfish quarantines for many years to prevent paralytic shellfish poisoning (PSP) in persons who consume sport-harvested shellfish. the quarantines also help to protect shellfish consumers from domoic acid (DA) poisoning, although the seasonal occurrence of DA is less clearly understood than PSP.

This year, high levels of PSP toxin were detected in shellfish samples during August and September in the Drake Bay area on the Marin County coast. Unsafe levels of PSP toxin have not been found in any other areas. DA was not detected at unsafe levels in any samples tested this year. No poisoning cases in humans from either toxin have been reported during 1994.

Domoic acid poisoning was first recognized in 1987 when approximately 150 cases of illness and 4 deaths were reported in Canada from people who ate toxic mussels harvested from the Atlantic coast. The toxin was discovered on the Pacific coast when it was found to be the cause of death of hundreds of pelicans and cormorants in the vicinity of Santa Cruz during September, 1991. No human illnesses from DA poisoning have ever been reported in California, although several mild cases may have occurred in Washington State in 1991 in persons who consumed toxic razor clams from beaches north of the Columbia River.

Consumers can receive update information about PSP and DA findings by calling the Department's "Shellfish Information Line" at (510) 540-2605 or 1-800-553-4133.

OCTOBER STATISTICS

AIDS Statistics (from 7/1/81 to 10/30/94)

Total San Francisco cases:	20,362
Total San Francisco deaths	13,340
Total S.F. cases for October	163
Total S.F. deaths for October	177

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	264.4
Newborn Nursery:	17.8
Actual Patient Days (except newborns)	8,197
Newborn Nursery:	551
Admissions (except newborns):	1,343
Newborn Nursery:	153
Average Length of Stay (except newborns):	5.8
Newborn Nursery:	2.9
Discharge Patient Days (except newborns):	7,565
Newborn Nursery:	413
Discharges (except newborns):	1,310
Newborn Nursery:	141

Outpatient Visits

Primary Health	9,583
Family Health:	2,842
General Medicine:	2,056
Pediatric:	2,833
OB/GYN:	1,852
Specialty Clinics:	10,862

Emergency Activities

Emergency Room Visits:	4,632
ED Admissions:	974
Psychiatric Emergency Services:	368
Psychiatric Emergency Consults:	N/A

Laguna Honda Hospital

Average Daily Census	
Acute Services	8
SNF Services	1105
AIDS/Hospice SNF	25
All Beds	1138

Mental Health

SFGH/Acute Psychiatric Beds:	77.3
Community Acute Psychiatric Beds:	4

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,360
Maxine Hall Health Center:	469
Health Center #3:	802
Health Center #4:	1,112
Health Center #5:	863
Tom Waddell Clinic:	2,872
Potrero Hill Health Center:	545
Southeast Health Center:	785
Special Programs for Youth:	2,261
TOTAL VISITS:	11,069

Disease Control	
TB Clinic:	1,839
City Clinic:	1,681
SSI Clinic YTD Summary 7/1/94 to 10/31/94	
Referrals to Triage	6,006
No Shows	381
Seen by Triage	5,625
Significant Findings:	
Homeless	1,387
Medical Problems	1,739
Psychological Problems	2,486
Med & Psych Problems	235
Employability Ratings	
Employable: Workfare/ Job Search	1,160
Indeterminate: Pt. Referral	680
Temp Unemployable: ReEval Triage	3,308
Perm Unemployable: Advocacy Unit	472
Case Management Referrals	749
Active Cases	441
Inactive	308
Closed	19
Referrals by Triage	471

Bureau of Epidemiology and Disease Control
Reportable Diseases

	4 Week Period Ending 11/5/94			*Year-to-Date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	134	229	152	1553	4342	1909
Campylobacteriosis	59	55	50	599	537	511
Giardiasis	17	35	38	216	276	337
Hepatitis A	15	23	26	313	170	228
Hepatitis B	6	10	7	67	67	61
Salmonella	18	20	20	163	180	148
Shigella	21	27	31	277	220	212
TB	28	33	24	294	301	234
Gonorrhea	237	140	158	2312	1867	1741
Syphilis	13	14	5	309	131	63

* Resident cases only.

Commissioner Shriver requested a letter of appreciation be sent to the HIV Prevention Planning Council.

5. CONSIDERATION OF CONTRACT PROCESSING AND POLICY ISSUES:

Department of Public Health staff Tony Wager, Bill McConnell, and Larry Meredith make presentations on the following areas: (For a copy of the report, contact the Commission Office, 554-2666)

Commissioner Paras requested the Department to pursue the legal explanation regarding implementation of the affirmative action policies of the Board and staff composition.

I. Policy Clarification

a. Cultural competency
Affirmative action for Board and staff of contractors
b. Board of Directors' conflict of interest
c. Consideration of a resolution to amend the audit policy for Department of Public Health contractors

II. Improving the development, processing and management of community contracts

III. Departmentwide Program Evaluation

IV. Cost-Saving Initiatives

V. Citywide Non-profit Work Group

Public Speakers: Judith Stevenson, Association of Mental Health Contractors
Gail McBride, HIV Contractors' Association

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #48-94, "Amending the Audit Requirement for Department of Public Health Contracts", (Attachment A).

6. CONSIDERATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO PARTICIPATE IN THE STATE OF CALIFORNIA PLAN FOR THE EMERGENCY ASSISTANCE PROGRAM (TITLE IV-A)

Tangerine Brigham, Budget and Planning, presented information on the background, health component, reimbursable services, financial benefits, County concerns, and the process for participation in this program. After Commission approval, the Department will only forward its Certificate of Agreement and assessment fee after the MOU has been signed by the State Department of Social Services and the Consortium and all California counties have agreed to participate in the program. The Department will provide the Commission with an update on the implementation of the program if the State's Environmental Agency plan is approved by all 58 Counties.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #49-94, "Authorizing the San Francisco Department of Public Health to Participate in the State of California Plan for the Emergency Assistance Program Established Pursuant to Title IV-A of the Federal Social Security Act and to Certify Inclusion Into the California Consortium of Health Departments", (Attachment B).

7. CONSIDERATION OF THE DEPARTMENT OF PUBLIC HEALTH TO ENTER INTO MANAGED CARE CONTRACTS

Dr. Hernández presented the issues related to managed care. For a copy of the report, contact the Commission Office, 554-2666).

A. CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH TO ENTER INTO A CONTRACT WITH PACIFICARE

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #50-94, "Approving a Medi-Cal Managed Care Contract Between the Department of Public Health and PacifiCare", (Attachment C).

B. CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS

This item was continued to December 6, 1994.

C. CONSIDERATION OF A RESOLUTION OF A LETTER OF INTENT TO PACIFICARE FOR A REQUEST FOR APPLICATION FOR STATE MAINSTREAM PLAN

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #51-94, "Endorsing Participation in the Medi-Cal Mainstream (The Two-Plan Model) by Entering Into a Letter of Intent with PacifiCare", (Attachment D).

8. CONSIDERATION OF A RESOLUTION URGING THE BOARD OF SUPERVISORS AND MAYOR'S OFFICE TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH'S DIVISION OF MENTAL HEALTH TO SERVE AS THE LOCAL PLAN ADMINISTRATOR FOR MEDI-CAL MENTAL HEALTH

Jeff Jue, Deputy Director for Mental Health Services, reported that shift of responsibility for Medi-Cal funded inpatient psychiatric services from the State to the County will occur January 1, 1995.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #52-94, "Endorsing the Transfer of Funds from the State for the Implementation of Inpatient Component of a Medi-Cal Managed Mental Health Care System in San Francisco", (Attachment E).

Commissioner Chow requested that an update of the managed care mental health services be presented to the full Commission.

9. OTHER BUSINESS

Due to the outcome of the November 8th election with the passage of Proposition 187, several Court challenges, and an Executive Order from Governor Wilson, Dr. Hernandez requested the Commission to take immediate action on a proposed resolution recognizing the passage and subsequent suspension of the initiative.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) decided to add this item to the Agenda after determining that the need to take immediate action is so imperative as to threaten serious injury to the public interest if

action were deferred, and that the need to take action arose subsequent to the posting of the Agenda for this meeting.

Action Taken: The Commission (Jackson, Kaufman, Chow, Paras, Ripple, Shriver) adopted Resolution #47-94, "Recognizing the Passage and Suspension of Proposition 187", (Attachment F), as amended by Commissioner Paras.

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (6)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 48-94

AMENDING THE AUDIT REQUIREMENT FOR DEPARTMENT OF PUBLIC HEALTH CONTRACTS

WHEREAS, it is standard business practice for an independent audit to be performed on an organization's fiscal period; and,

WHEREAS, the current policy to require that audits be performed within 90 days after the end of the contract period, which at times conflicts with agencies' accounting cycles; and,

WHEREAS, the Department at times contracts for personal services, and audits are not necessarily required because these services are paid through fee-for-service terms, which limits the Department's risk with such contracts; therefore, be it

RESOLVED, that the Department of Public Health's annual financial audit policy is revised to change the due date to 180 days following the contractor's fiscal year end date; and, be it

FURTHER RESOLVED, that the Department is authorized to waive the audit requirement for personal services if it is determined that such a requirement would produce undue burden or costs and would have minimal benefits to the Department.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 49-94

AUTHORIZING THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH TO PARTICIPATE IN THE STATE OF CALIFORNIA PLAN FOR THE EMERGENCY ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO TITLE IV-A OF THE FEDERAL SOCIAL SECURITY ACT AND TO CERTIFY INCLUSION INTO THE CALIFORNIA CONSORTIUM OF HEALTH DEPARTMENTS

WHEREAS, the San Francisco Department of Public Health provides health care services to children and families facing medically necessary treatment; and,

WHEREAS, Title IV-A of the Federal Social Security Act provides counties with federal funds for the provision of emergency assistance services to children at risk of removal from the home due to a family member's need for medically-necessary treatment; and,

WHEREAS, under California's TitleIV-A Emergency Assistance Program, eligible health care activities qualify for fifty percent (50%) federal financial participation; and,

WHEREAS, participation in California's TitleIV-A Emergency Assistance Program increases federal support for health services provided to children and families during emergencies by matching local expenditures to federal funds; and,

WHEREAS, the San Francisco Department of Public Health desires to participate in the health component of the State's Title IV-A Emergency Assistance and, thereby, increase federal support for medically- necessary health care services during cases of emergencies; and,

WHEREAS, the California Department of Social Services has direct oversight of the State Title IV-A Emergency Assistance Plan established pursuant to Title IV-A of the Federal Social Security Act and is responsible for the supervising the provision of all services under this program; and,

WHEREAS, the California Department of Social Services will enter into a Memorandum of Understanding with the County of Los Angeles as the representative of the California Consortium of Health Departments; and,

WHEREAS, all California counties must certify their inclusion into the California Consortium of Health Departments in order to implement the program on a statewide basis and participate in any federal reimbursement under Title IV-A Emergency Assistance now; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 49-94 (Cont'd.)

WHEREAS, the California Consortium of Health Departments must compensate the State Department of Social Services for program oversight, maintenance of statewide tracking system and staff dedicated to the Title IV-A Emergency Assistance Plan through an assessment fee levied on each county which participates in the program; and,

WHEREAS, each county is eligible for fifty percent (50%) federal financial participation for the yearly assessment costs required for implementing and maintaining the Title IV-A Emergency Assistance Program; now, therefore, be it

RESOLVED, that the City and County of San Francisco certifies its participation in the health component of the State of California's Title IV-A Emergency Assistance Program and that the San Francisco Department of Public Health is authorized to execute the Certificate of Inclusion for such participation.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 50-94

APPROVING A MEDI-CAL MANAGED CARE CONTRACT BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND PACIFICARE

WHEREAS, the Medi-Cal reimbursement method for health care services is shifting from fee-for-service to managed care and capitation; and,

WHEREAS, this shift will require providers to contract with health maintenance organizations so that Medi-Cal beneficiaries can be enrolled into health plans; and,

WHEREAS, active solicitation of Medi-Cal beneficiaries into managed care plans has already begun; and,

WHEREAS, patients are continuing to seek services at Health Department facilities even though they have enrolled in a health plan and the Department, therefore, cannot be reimbursed for their care; and,

WHEREAS, PacifiCare is a health maintenance organization that is entering into a contract with the State for Medi-Cal managed care and is also submitting an application to be the Mainstream Plan when the state's "Two-Plan Model" is implemented; and,

WHEREAS, PacifiCare is one of the largest health maintenance organizations in the country, and has a highly regarded and successful marketing program; and,

WHEREAS, two contracts have been negotiated with PacifiCare, one with the Department of Public Health and the other with the University of California, through the San Francisco General Hospital Clinical Practice Group; and,

WHEREAS, these contracts set forth the rights, obligations, and risks for PacifiCare, the Department of Public Health, and the University of California; and,

WHEREAS, the Department of Public Health needs an opportunity to provide services under an at-risk contract now so that it is prepared to fully participate in Medi-Cal managed care when the "Two-Plan Model" is implemented; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the Medi-Cal managed care contract with PacifiCare and also urges the Board of Supervisors and the Mayor to approve this contract.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 50-94 (Cont'd.)

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 51-94

ENDORSING PARTICIPATION IN THE MEDI-CAL MAINSTREAM PLAN (THE TWO-PLAN MODEL) BY ENTERING INTO A LETTER OF INTENT WITH PACIFICARE

WHEREAS, on November 1, 1994 the Commission approved a resolution to support the Department of Public Health's participation in both, the Local Initiative and the Mainstream Plan, of the State Medi-Cal Plan; and,

WHEREAS, PacifiCare is planning to respond with a bid to the State Department of Health Services Request For Application to be the accepted health plan under the Mainstream model; and,

WHEREAS, the Department of Public Health has negotiated with PacifiCare for an interim "at-risk" contract to provide services to Medi-Cal enrollees; and,

WHEREAS, PacifiCare wants to include the Department as a provider in its application; now, therefore, be it

RESOLVED, that the San Francisco Health Commission endorses a Letter of Intent to enter into negotiations with PacifiCare to be a provider in PacifiCare's application to be the accepted health plan under the Mainstream model.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 52-94

ENDORSING THE TRANSFER OF FUNDS FROM THE STATE FOR THE IMPLEMENTATION OF INPATIENT COMPONENT OF A MEDI-CAL MANAGED MENTAL HEALTH CARE SYSTEM IN SAN FRANCISCO

WHEREAS, The State Department of Health Services is committed to expanding managed care within the Medi-Cal program as a means of improving beneficiary access to quality, cost effective preventive and primary health care services, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485 and Assembly Bill 757; and,

WHEREAS, The State's plan specifies that the most effective system of the delivery of Medi-Cal mental health services will be through mental health programs administered by county mental health departments, thus carving these services out of the models for physical health care, and consolidating the two existing Medi-Cal funding streams into a single county-run system; and,

WHEREAS, The State's plan will be implemented in phases, beginning with the consolidation of the State funding for inpatient Medi-Cal mental health services at the county level January 1, 1995, and ending with the implementation of full capitated funding for mental health services through managed care contracts with the counties by July 1, 1997; and,

WHEREAS, The San Francisco Health Commission adopted Resolution #15-94 on March 15, 1994, and the Board of Supervisors adopted Resolution #551-94 on July 7, 1994, Endorsing the Development of a Managed Mental Health Care System in San Francisco, stating the County's willingness to assume responsibility for the provision of Medi-Cal Managed Care Mental Health Services and accept the transfer of funding from the State for the provision of those services; and,

WHEREAS, The State has set the formula for the amount of counties' allocations for fiscal year 1994-95 in Assembly Bill 757 amending the Welfare and Institutions Code, and San Francisco will receive 3.2 percent of the total funds or $1,835,119 State General Fund for the period between January 1, 1995 and June 30, 1995; and,

WHEREAS, This allocation will be used to match an additional $1,835,119 in Federal Medi-Cal dollars for services provided to the Medi-Cal population for a maximum projected funding availability of $3,670,238; and,

WHEREAS, The State's methodology for determining future payment methodologies and capitation rates will include actual utilization of total Medi-Cal dollars, will be determined in consultation with a statewide organization representing counties; and,

WHEREAS, The City and County of San Francisco is committed to protecting public mental health services and safety net services for the indigent mentally ill in San Francisco County; and,

WHEREAS, The City and County of San Francisco is at risk for the many high cost services used by individuals with mental illness if timely, effective and coordinated treatment is not provided; and,

WHEREAS, The County Department of Public Health, Division of Mental Health Services, is committed to building partnerships with traditional, safety net, and private providers in order to establish a comprehensive system of care; and,

WHEREAS, The County would assume even greater risk if it did not elect to become the provider of all Medi-Cal mental health services as it would lose the ability to manage the resources and services directly; now, therefore; be it

RESOLVED, That the Health Commission supports the efforts of the Department of Public Health Division of Mental Health Services to participate in Medi-Cal Managed Mental Health Care; and,

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors and the Mayor to adopt a resolution indicating the following:

1. The City and County of San Francisco authorizes the Department of Public Health, Division of Mental Health, to assume the administration of Medi-Cal mental health services for authorization and payment of the State Medi-Cal match for all medically necessary psychiatric inpatient hospital services for eligible Medi-Cal beneficiaries from San Francisco; and,

2. The allocation of State funds is payment in full from the State for these services except for small counties as described in the State's Emergency Regulations, and;

3. The City and County of San Francisco has a public planning process which includes traditional hospital providers and safety net providers, consumers and other stakeholders; and,

4. The City and County of San Francisco agrees to submit an addendum to the Quality Management Plan in compliance with standards in the State's Emergency Regulations; and,

5. The mental health plan for the City and County of San Francisco shall continue in operation unless either party cancels after giving 180 days notice or the department terminates immediately in response to a threat to the health and safety of Medi-Cal beneficiaries.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 47-94

RECOGNIZING THE PASSAGE AND SUSPENSION OF PROPOSITION 187

WHEREAS, Proposition 187, appeared on the ballot for California's general election, and was passed by a majority vote on November 8, 1994, and,

WHEREAS, this initiative denies undocumented persons access to publicly-funded education, health care, and social services and requires public agencies providing these services to report persons "suspected" to be undocumented to immigration authorities; and,

WHEREAS, numerous lawsuits have been filed in State and Federal courts to challenge the legal statutory and constitutional components of the initiative; and,

WHEREAS, on November 9, 1994 Governor Pete Wilson signed Executive Order W-113-94 directing all affected state agencies to develop emergency regulations implementing Proposition 187, and further directing that the initiative shall be implemented in a fair and nondiscriminatory manner upon the issuance of emergency regulations and such other notices as are required by law (excepting sections two and three regarding penalties for false documentation); and,

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of medical, mental health, surveillance, and health promotion services, as well as planning and promoting sound public policies for public health and health care delivery; and,

WHEREAS, providing timely, cost-effective health care services to all persons regardless of their legal status promotes sound public policy and contributes to a healthier environment for all residents; and,

WHEREAS, Proposition 187's requirement that publicly-funded health care facilities verify the immigration status of persons suspected to be undocumented will increase the likelihood that immigrants will delay seeking timely medical attention for fear of harassment or deportation; and,

WHEREAS, this situation may result in a significant increase in the number of persons treated in San Francisco General Hospital's emergency room whose conditions might have been treated less expensively in an outpatient facility; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 47-94 (Cont'd.)

WHEREAS, the San Francisco Health Commission passed Resolution 35-94 supporting Board of Supervisors Resolution 60-94-13 to oppose Proposition 187; now, therefore, be it

RESOLVED, that until further notice regarding the disposition of court proceedings or further administrative orders, the San Francisco Department of Public Health shall continue to follow normal operating procedures regarding the provision of medical and community public health services; and, be it

FURTHER RESOLVED, that this Commission urges the Director of Health to continue all efforts to communicate this policy to all Department employees, patients and residents of the City and County of San Francisco.

FURTHER RESOLVED, that the San Francisco Department of Public Health shall not implement any elements of Proposition 187 which contradict the mission and ethics of the Department and sound public health policy. Specifically, pending the outcome of legal challenges, the San Francisco Department of Public Health shall not in any way attempt to identify so-called "suspected" illegal immigrants; shall not report anyone to immigration authorities; shall not deprive anyone of needed health services on the grounds of "suspicion" of being undocumented; and shall not eliminate the provision of anonymous HIV testing which is an integral part of our AIDS prevention effort.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 15, 1994.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

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11/29/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

SPECIAL HEALTH COMMISSION MEETING

Tuesday, November 29, 1994
3:00 p.m.
at
Gerald Simon Auditorium
LAGUNA HONDA HOSPITAL
375 Laguna Honda Boulevard
San Francisco, CA 94116

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AGENDA

I EXECUTIVE SUMMARY

II MISSION STATEMENT

III FISCAL YEAR 1993-94 FINANCIAL PERFORMANCE

IV QUALITY IMPROVEMENT PROGRAMS

V MAJOR ACCOMPLISHMENTS AND OPERATIONAL HIGHLIGHTS

VI VOLUNTEER SERVICE ORGANIZATIONS

VII FACILITY REPLACEMENT

VIII FUTURE DIRECTIONS

IX OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

LAGUNA HONDA HOSPITAL
375 Laguna Honda Blvd. • San Francisco, CA 94116

Disability Access

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor at the far west end of the building and is wheelchair accessible.

Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium.

Accessible MUNI metro service is available to Forrest Hill Station (K, L, and M lines), transferring to the #89 MUNI shuttle bus from the Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp.

Additionally, MUNI bus lines #34, 36, 44, and 52 serve Forrest Hill Station and are wheelchair accessible, with a s transfer to the #89 MUNI shuttle bus from Forrest Hill Station to the east entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 923-6142.

Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

The following services are available by calling 759-2367, at least 72 hours prior to the meeting: assistive listening devices, American sign language interpreters and readers, and large print copy of agenda. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 759-2367 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

SF
420
#2
9/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

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Tuesday, November 29, 1994
~~3:00 p.m.~~
at
Gerald Simon Auditorium
LAGUNA HONDA HOSPITAL
375 Laguna Honda Boulevard
San Francisco, CA 94116

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.
Commissioner Michael D. Shriver

Absent: Commissioner Melinda L. Paras

Mr. Anthony Wagneer, Executive Administrator of Laguna Honda Hospital, presented the Annual Report (for a copy of the full report, contact the Commission Office, 554-2666). In his Executive Summary (Attachment A), Mr. Wagner gave an overview of the following areas:

- Mission Statement
- Fiscal Year 1993-94 Financial Performance
- Quality Improvement Programs
- Major Accomplishments and Operational Highlights
- Volunteer Service Organizations
- Facility Replacement
- Future Directions

Mr. Wagner requested that future Annual Reports from Laguna Honda Hospital be calendared in July/August of each year.

Each Commissioner commented on the importance and vital role that Laguna Honda Hospital plays in the City and County of San Francisco. Commissioner Kaufman cautioned the audience to not take for granted that the support for Laguna Honda Hospital is unilateral.

President Jackson thanked Mr. Wagner and his staff for a comprehensive Annual Report.

The meeting was adjourned at 4:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

I EXECUTIVE SUMMARY

Laguna Honda Hospital (LHH) plays a major role in assisting the Department of Public Health (DPH) fulfill its mission to provide a continuum of health care services to the residents of San Francisco. The services provided at LHH include skilled nursing (SNF) care (which represents the majority of LHH's beds), acute medical care for SNF inpatients, acute and SNF rehabilitation, specialized AIDS and hospice services and respite care. Outpatient services include adult day health care and a senior nutrition program.

Fiscal Year (FY) 1993-94 was another difficult budget year, yet LHH maintained all essential services. In fact, the average SNF census increased because of the addition of thirty beds halfway through the prior year. Rehabilitation, AIDS and Hospice services also showed an increase in census, primarily as a result of improved referral and screening processes.

Hospital staff, supplemented by several groups of dedicated volunteers, provided a full array of patient services, ranging from medical and nursing care to personal and family support, provision of recreational, educational and religious activities, nutritional support, rehabilitation therapies and special programs and services for those with special needs.

The manner in which care is provided at LHH as well as the quality of that care are dictated by professional and ethical standards, state and federal regulations and the input of patients and their families. With the increasing medical and psychosocial complexity of LHH's patients, the need to comply with regulatory practice and documentation requirements, and the appropriate focus on patients' rights and quality of life, LHH staff have had to become very efficient in order to maintain a high level of service. A successful state licensing survey in 1993 provides evidence that staff were able to achieve that goal.

The ongoing budgetary constraints faced by the City and County of San Francisco continue to impact LHH. Although LHH's dependence on general fund support is less than that of other divisions within the Health Department, LHH's services cannot easily be curtailed to meet budget reductions. Reorganization of departments, consolidation of functions and increased job assignments have been necessary. In order to reduce LHH's reliance on general fund dollars, a revenue-enhancement committee has been established and the LHH Executive Committee has made financial independence from the City one of its strategic goals over the next three years.

LHH and DPH have continued to focus on the need to replace LHH's existing building in order to continue to provide care for the elderly and disabled in the future. Value engineering techniques applied to the original proposal have resulted in a cost reduction of $61,000,000 primarily as a result of a decrease in phases of construction and the time to complete the project.

The following clinical and operational achievements highlight FY 1993-94:

- The budgeted average daily census of 1115 was achieved. The 1992-93 daily census was 1089.
- There were 1321 patients admitted, with 48% of the referrals coming from SFGH and the remainder from other acute care hospitals and home.
- Through the work of all departments and with the leadership of the finance division, Laguna Honda completed FY 1993-94 on budget.
- The California Department of Health Services, Licensing and Certification Division, conducted the annual survey for compliance with federal and state regulations. All standards and conditions of participation were met.
- Patient Billing, Trust Accounting and Patient Assessment systems were all brought on line with the new information system.
- Computerization of the federally required "Minimum Data Set" for all patients and training of all nursing staff in its use was completed.
- A new admissions contract, incorporating new federal and state requirements, was designed and implemented.
- An enhanced computer system expedited MediCal certifications and successful enrollment of patients in MediCare yielded increased reimbursement.
- An automated system for MediCal electronic claims submissions increased cash flow.
- The Finance Division developed standard hospital-wide finance procedures and provided detailed financial and payroll reports for all divisions to help with fiscal management.
- A successful hiring plan was implemented, assuring that the hospital met its salary savings requirement.
- The Payroll Department achieved one of the City's lowest number of error adjustments in employee paychecks.
- LHH successfully recruited, in conjunction with San Francisco General Hospital (SFGH), a superb neurorehabilitation specialist to direct the rehabilitation programs at LHH and SFGH.
- A multidisciplinary team coordinated the development and implementation of an in-house day treatment program for head-injured patients.
- Bereavement services have been expanded from the AIDS and Hospice units to the entire hospital.
- LHH successfully implemented the California Occupational Safety and Health Administration (CAL-OSHA) regulations for control of tuberculosis in the work place.
- Activities for patients have been expanded to include programs every week night and concerts and movies every weekend day.
- Volunteer groups provided a grand total of over 142,000 hours of service. In addition, special programs, including the annual holiday show, were again supported by Volunteers, Inc.
- A committee on Sexuality and Intimacy established policies, provided education and worked to help develop a privacy room for patients.
- A hospital-wide influenza prevention program, including use of immunization and anti-viral medications, was successful in preventing spread of influenza within the facility. Despite widespread influenza in the community, there were only five documented cases of influenza in

Laguna Honda's population.

- For the third consecutive year, Laguna Honda staff led City departments in their contributions to the Combined Charities Campaign, with contributions totalling $40,697, representing contributions by 42% of staff.
- Laguna Honda staff have participated in a variety of academic, state, and community committees and organizations which promote quality services to the elderly and disabled.
- Laguna Honda provided a site for medical, nursing, pharmacy, social service, dietary, activity therapy, neuropsychology, and rehabilitation services trainees. Goals of the training programs included introducing the concepts of long term care and promoting a positive attitude towards the elderly and disabled. Institutional benefits included fostering an academic environment in the hospital, providing of services to patients by the trainees and enhancing recruitment of staff in disciplines represented by the trainees.
- Laguna Honda received visitors for tours and educational sessions and provided guidance to institutions who were considering establishing AIDS-SNF care units.
- Through the services of volunteer agencies, the celebration of holidays, the observance of religious festivals, and the provision of trips outside the facility, the hospital encouraged contact of the patients with the community.
- While continuing to provide 1.2 million quality meals to patients, the Nutrition Services Department was able to expand the selective menu program to Clarendon Hall, giving patients the opportunity to choose their own menu each day and enhancing patients' self-determination.
- The LHH Pharmacy has, through competent leadership and the support of modern business systems, reduced expenses and increased revenue.
- Plant Services managed several emergency situations regarding provision of basic utilities without interruption of patient care services.
- Plant Services managed $7.1 million in capital improvement projects, of which $1.7 million was financed with State and Federal funds.
- LHH, through outside contractors and hospital staff, safely accomplished major and minor asbestos abatement projects.
- CAL-OSHA conducted four unannounced inspections and no OSHA health and safety violations were found.
- By July, 1994 LHH had brought into compliance all but two minor deficiencies found by the State Fire Marshal during a detailed inspection.
- The Institutional Police Department, with new leadership, revised policies and procedures, standardized officer training and provided an educational brochure to staff on safety and security issues.
- A number of employee activities, including the annual Employee Recognition Banquet, occurred during the year to enhance morale and facilitate positive interactions.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Margel F. Kaufman
Vice President

Rebecca P. Castaneda, DDS
Commissioner

Edward A. Chow, MD
Commissioner

Melinda L. Paras
Commissioner

Helen B. Ripple, RN, MSN
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

December 6, 1994
3:00 P.M.
at
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2 : 30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 15, 1994.**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) Consideration of a Supplemental Appropriation Request in the amount of $680,000 in Federal Medi-Cal funding to augment mental health services for fiscal year 1994-95.

(3.2) Consideration of a Supplemental Appropriation Request in the amount of $1,042,243 for Psychiatric Emergency Service Safety Plan and the Medical Emergency High User Project at San Francisco General Hospital Medical Center for the period from January 1 through June 30, 1995.

(3.3) Consideration of a Supplemental Appropriation Request in the amount of $760,610 to increase Mental Health Medi-Cal revenues, which will be transferred to San Francisco General Hospital to fund the SFGH Department of Psychiatry Emergency Service Safety Plan and the Medical Emergency High User Project.

(3.4) CHS - **Health Promotion** - Requesting approval to accept and expend via subcontract with UCSF Injury Center a new grant in the amount of $123,534 from the UCSF Injury Center to provide a population-based surveillance of falls in the elderly for the period of August 1, 1995 through July 31, 2000.

(3.5) DMSF - CSAS - Requesting approval to accept and expend an augmentation to a grant in the amount of $300,000 from the Center for Substance Abuse Treatment (CSAT) to provide substance abuse treatment to Drug Rehabilitation Court participants as a component of the Target Cities Project, for the period of February 1, 1995 through September 30, 1995.

(3.6) Consideration of a new site approval at 930 Bryant Street, for use by the Target Cities Project to provide substance abuse assessment and referral services for individuals involved with the criminal justice system.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

5. **ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL**

I. **INTRODUCTION**
(Richard Cordova, Executive Administrator)

II. **SFGH STRATEGIC PLANNING GOALS IN 1994**
(Diane, Miller, Director of Planning)

- **Accomplishments**
- **Patient Focus**

III. **ANNUAL QUALITY AND UTILIZATION MANAGEMENT**
(John Luce, M.D.., Medical Director, Quality and Utilization Management)

IV. **ANNUAL MEDICAL STAFF REPORT**
(Denise V. Rodgers, M.D., Chief of Staff)

V. **ANNUAL NURSING REPORT**
(Gene O'Connell, R.N., M.S.N., Sr. Associate Administrator, Clinical Services)

VI. **ANNUAL FACILITIES PLAN REPORT**
(Jerry Rankin, Associate Administrator)

VII. **ANNUAL VOLUNTEERS PROGRAM REPORT**
(Kim Dunster, Director, SFGH Volunteers Program)

VIII. **REPORT FROM ELLIOT RAPAPORT, M.D., UCSF ASSOCIATE DEAN**

IX. **SUMMARY**
(Richard Cordova, Executive Administrator)

6. **OTHER BUSINESS/PUBLIC COMMENTS***

7. **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION, SAN FRANCISCO SUPERIOR COURT #955560, ANDREZEJEWSKI VS. CITY AND COUNTY OF SAN FRANCISCO IN THE AMOUNT OF $250,000**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access:

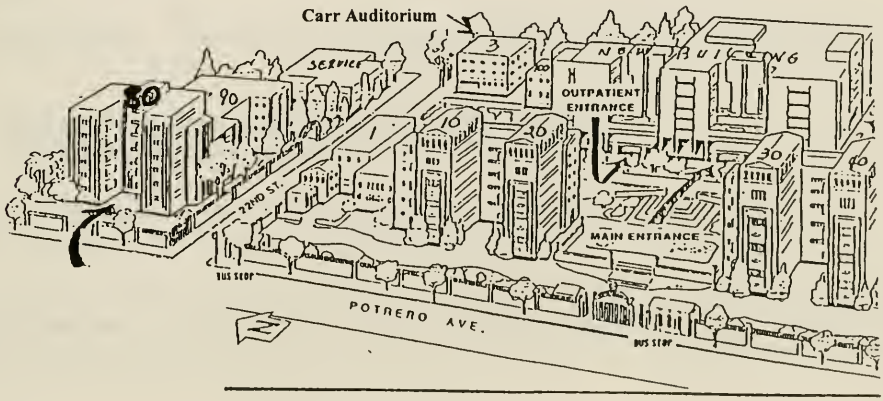
SFGH Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

Carr Auditorium is accessible by wheelchair-friendly Muni Lines #9 and #48. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD). Accessible parking is available at 22nd Street and Potrero Avenue.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.



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TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 6, 1994
3:00 p.m.
at
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.

Absent: Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 15, 1994

Action Taken: The Commission unanimously adopted the minutes of November 15, 1994.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Consideration of a Supplemental Appropriation Request in the amount of $680,000 in Federal Medi-Cal funding to augment mental health services for fiscal year 1994-95.

(3.2) Consideration of a Supplemental Appropriation Request in the amount of $1,042,243 for Psychiatric Emergency Service Safety Plan and the Medical Emergency High User Project at San Francisco General Hospital Medical Center for the period from January 1 through June 30, 1995.

(3.3) Consideration of a Supplemental Appropriation Request in the amount of $760,610 to increase Mental Health Medi-Cal revenues, which will be transferred to San Francisco General Hospital to fund the SFGH Department of Psychiatry Emergency Service Safety Plan and the Medical Emergency High User Project.

Commissioner Jackson emphasized from a business perspective the importance of the Department's direction in rewarding program areas which are bringing in revenues (i.e., SFGH Psychiatry), as exemplified in #3.1, 3.2 and 3.3.

(3.4) CHS - **Health Promotion** - Requesting approval to accept and expend via subcontract with UCSF Injury Center a new grant in the amount of $123,534 from the UCSF Injury Center to provide a population-based surveillance of falls in the elderly for the period of August 1, 1995 through July 31, 2000.

Commissioner Ripple abstained on this item because of her employment status with UCSF.

(3.5) DMSF - CSAS - Requesting approval to accept and expend an augmentation to a grant in the amount of $300,000 from the Center for Substance Abuse Treatment (CSAT) to provide substance abuse treatment to Drug Rehabilitation Court participants as a component of the Target Cities Project, for the period of February 1, 1995 through September 30, 1995.

(3.6) Consideration of a new site approval at 930 Bryant Street, for use by the Target Cities Project to provide substance abuse assessment and referral services for individuals involved with the criminal justice system.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) approved #3.1, 3.2, 3.3, 3.5, 3.6)

The Commission (Jackson, Kaufman, Castaneda, Chow) approved #3.4, with Commissioner Ripple abstaining because she is employed by UCSF.

President Jackson made special presentations to Department of Public Health Paramedics, Daniel Bonam and Melany Brandon, for their outstanding performance in the line of duty at a shooting at Pine and Franklin Streets on November 13, 1994. A detailed description of their dedicated work and courage that night was provided. They were given special Certificates of Recognition from the Commission and a standing ovation from the audience.

President Jackson announced that Dr. Hernández received an award in November from the Mission Language Vocational School; and that she will be honored at Glide's annual event on December 8, 1994.

4. **DIRECTOR'S REPORT**
(Sandra Hernández, M.D., Director of Public Health)

RESIGNATION

Commissioner Paras

Commissioner Paras has accepted the position of Executive Director of the National Gay and Lesbian Task Force in Washington D.C., and as such is resigning from the Health Commission effective immediately. Commissioner Paras will join us on December 20th at our regularly scheduled Commission meeting to say good-bye.

Melinda's presence will be missed on the Commission. She played an instrumental role in a number of important Departmental efforts. As a member of the San Francisco Health Commission, Melinda sat as; chair of the Budget Committee, and as a member of Laguna Honda's Joint Conference Committee. Melinda also served as a member of the Joint HIV Task Force. In this role she advocated for an improved system of care for those affected by the HIV epidemic. Her interests in Public Health made her an advocate for managed care, improved services for the indigent and the underinsured population, and Universal Health Care.

I am sure you will all join me in extending Melinda the warmest congratulations and best wishes for her new position.

ADMINISTRATION

Deloitte and Touche Contract

The Board of Supervisors passed the Department's contract with Deloitte and Touch yesterday. The contract was reviewed and approved by the City Attorney, the Controller, the Budget Analyst and the Mayor's staff. Department staff are currently meeting with the City Attorney to complete actual contract language for the payment provisions within the contract. Once these modifications are complete, the contract will be certified by the Controller and the contract work can begin. We expect a start date of late December, or early January.

MANAGED CARE

Local Initiative

The Board of Supervisors voted 8-0 yesterday on the first reading to adopt Health Authority enabling ordinance. This ordinance authorized by State AB 2755 would establish a Health Authority to provide medical services under the State's Medi-Cal Managed Care. The second reading of this ordinance is scheduled for December 12, 1994.

Under the ordinance, the Local Initiative will be a public entity (separate and distinct from the City and County) not subject to the City's governance structure. The ordinance specifies the Health Authority's power and responsibilities, governing board and insurance requirements. The ordinance also discusses governing board compensation and City fiscal oversight. It is the role of the Board of Supervisors to appoint governing board members to the Health Authority by January 15, 1995.

Managed Care Update

According to the State Department of Health Services, nine commercial health plan have submitted letters of intent to apply for the commercial plan under the State's two-plan model. The nine health plans are: Blue Cross, CIGNA, Foundation Health, Great American, Health Net, Molina Medical Centers, PacifiCare, Tower Health Services and Universal Care. Except for CIGNA, all of these health plans expressed interest in being the commercial plan in all 12 counties. In addition, two

other organizations which have neither Knox-Keene licenses nor a pending Knox-Keene applications have submitted letters of intent. They are Church Health Network and Golden State Medical Association.

Historically, Medi-Cal recipients have had difficulty accessing services in the private sector due to Medi-Cal fee-for-service reimbursement levels, cultural/linguistic competency issues and other factors. Changing the State Medi-Cal funding mechanism from fee-for-service to capitation highlights the competitive nature health care has taken on the State and local levels. This is evidenced by the fact nine commercial plans have expressed interest in providing services to a maximum of 24,000 Medi-Cal recipients in San Francisco.

The State has revised its time frame for responding to the Request for Application for Medi-Cal Managed Care by commercial plans. Previously, commercial plans were required to submit their RFA response by December 21, 1994. However, several commercial plans voiced concern that the original time line did not provide sufficient time to develop and submit an application. Given these concerns, the State has extended the due date for RFA submission to March 30, 1995. It is unclear what, if any, impact this will have on the implementation date for the two-plan model, which is scheduled for December 1, 1995. The State has not issued any formal statement revising the implementation date for the two-plan model. Such a revision would impact managed care planning within the Department and for the Local Initiative. The Department will keep the Commission apprised of any changes in the implementation date of managed care in San Francisco.

Foundation Health Plan

On Tuesday, November 30, the San Francisco Chronicle and San Francisco Examiner carried articles about the door-to-door marketing practices of Foundation Health Plan. As the articles indicated, we have documented many instances in which patients enrolled in Foundation Health Plan showed up at our clinics for care, which is in itself evidence that the patients did not fully understand the consequences of their enrollment.

At Potrero Hill Health Center, for example, Dr. Michael Drennan documented 22 patients over a two-month period who came to the health center after having enrolled in Foundation Health Plan. Upon inquiry, none of the patients realized that they would be unable to continue receiving care at Potrero Hill once they were Foundation members. This experience is reflected in varying degrees throughout our health center network and hospital-based primary care clinics. Individual stories have included claims that: Foundation marketing representatives told people that they must sign up with a managed care plan; or that if they signed up with Foundation they could continue to go to any provider. Many of the patients interviewed expressed confusion over the entire issue of managed care, and for some the confusion was compounded by language differences. Many, in fact, were simply complying with a person who, in their view was advising them on how to protect their Medi-Cal benefits.

These experiences underscore the importance of the State discontinuing the practice of door-to-door marketing. Ironically, the State Medi-Cal Managed Care Plan anticipated the potential abuses of door-to-door marketing when it provided for Health Care Options (HCO), a non- profit agency that could provide neutral, informative presentations of the benefits and participating providers in competing managed care plans to all potential enrollees. HCO is to be based at the Department of Social Services at each of the thirteen participating counties and will make the information available

where people receive their public assistance benefits. During the interim enrollment period, however, the State has not required that HCO be operating and has been unresponsive to the City's request to begin HCO immediately in San Francisco, in spite of the fact that Brian Cahill, General Manager of the Department of Social Services, has indicated that they are ready to begin as soon as they get the approval. In effect, the State is de facto re-creating the conditions of the early 1970's, when widespread unscrupulous marketing practices were engaged in by Prepaid Health Plans (PHPs).

There is much at stake for the patients affected and for the Department of Public Health as a provider of health care services. The last official report we got from the State indicate that Foundation Health Plan in San Francisco had enrolled 3,400 members by the end of October. In the San Francisco Chronicle article, Jack Fries, CEO of St. Luke's Hospital, which has an exclusive contract with Foundation Health Plan, was quoted as saying that they have enrolled 5,700 members. If the experiences of patients at Department of Public Health facilities are any indication, the marketing practices that led people to enroll in Foundation Health Plan are at best questionable.

Contrary to remarks attributed to a Foundation Health Plan representative in both the Chronicle and Examiner articles, this is not simply a matter of the Department of Public Health objecting because we are losing patients to the competition. We fully understand that competition is the basis of the State's Medi-Cal Managed Care Program, and we believe we will be formidable competitors when people choose their providers and managed care plans. Those choices, however, must be made based on complete and accurate information. We will continue to pressure the State to suspend door-to-door marketing and to institute HCO immediately. I will be meeting later this week with representatives from Foundation to discuss our documented concerns.

BUDGET UPDATE

Status of Supplemental Appropriation Requests

According to a recent report by the Controller, the City's general fund reserve for FY 94-95 has improved from $4 million to $9.4 million with the completion of the 1993-94 close-outs. Last week the Mayor's Office informed the Department they will support the following one time only supplemental requests for additional general funds for the current year: $2.2 million for the 'R' Facility; and $125,000 for Local Initiative Managed Care. In addition the Mayor's Office agreed to support supplementals of $150,000 for Substance Abuse and $1 million for the Nurses MOU.

The Mayor's Office expressed support for two other supplemental requests with the exact amount to be determined after the first of the year. These supplementals would fund the Center for Special Problems at approximately $400,000 for the remainder of the year and would correct the problems with this years Forensics budget which was underfunded by $350,000.

The Mayor's Office is delaying action until January 1995, to assess the remaining general fund balance for the following supplemental requests: $2 million for the MAC shortage; $1 million for the un-detailed revenue adjustment at SFGH; and $500,000 for un-detailed expenditure reductions at Mental Health.

The Mayor's Office indicated it would not approve a $350,000 carry forward for Public Health Nurses which was negotiated between Local 790 and the Mayor's Office in coordination with the Controller. Local 790 is clarifying this issue with the Mayor's budget staff.

Supervisor Hseih, Chair of the Board of Supervisors Budget Committee has scheduled a hearing for December 14th to review the status of DPH's FY 94-95 budget. We will provide the Budget Committee with our 1st quarter expenditure/revenue report submitted to the Health Commission November 15th. In addition we will highlight upcoming supplemental requests as noted here.

FY 1995-96

The Department will use the Mission Driven Budget approach for FY 1995-96. This approach will allow the Department the opportunity to take a new look at how we allocate resources so they are more in-line with our mission and vision. At a day-long budget retreat, executive staff came to a consensus on approaching the budget from a department-wide-prospective. Programs will be grouped by a "continuum of health-care" model. Division programs will be grouped under heading composed of "Prevention," "Early Intervention," "Community Support Services," "Community Ambulatory Care," "Acute Care," "Long-Term Care," "Emergency," and "Children's." In addition, the Mayor's Office has asked the department to priority rank all its programs. The Department has begun this difficult process and will keep the Commission informed as we proceed with this new budgeting methodology.

SAN FRANCISCO GENERAL HOSPITAL

Diversion Statistics

November's Critical Care Diversion statistics were 32.5 hours/4.5%. The average census at time of divert was 23. Total Emergency Department diversion was 1.42 hours/0.2% due to capacity.

Paramedic Division Response Time

The Paramedic Division has hired all of the additional staff (30 positions) needed to place 3 additional ambulances in the field 24 hours per day. The last of these employees are currently undergoing their orientation and field evaluations, and will be fully in service by the first week of December 1994.

Ambulance response time have continued to improve; the data from October is as follows:

Code 3 90th percentile	Actual: 10.5 minutes	EMS Std: 10.0 minutes
Code 2 90th percentile	Actual 26.6 minutes	EMS Std: 20.0 minutes

Strategic Planning Retreat

SFGH's Strategic Planning Committee held a two day retreat on November 9 and 10. Planning assumptions were reviewed in light of recent political events. As managed care contracting increases in the City utilization patterns will change. Competition will heighten and there may be less funding available for health care in both the public and private sectors.

The Planning Committee also discussed the hospital's relationship with UCSF and the need to take advantage of our partnership with the university to evaluate programs and community needs through health services research. The long term vision of an integrated delivery system, provided the context for revising goals and strategies.

The revised goals for 1995 will be presented to the Planning Committee for approval in December and then forwarded to the Health Commission for approval in January, 1995.

SFGH Parking Garage

Bonds will be sold on December 7th. Proceeds from the sale will become available on December 14th and the construction contract will be awarded shortly thereafter. Asbestos abatement and hazardous materials remediation of the existing MUNI structure was completed on time and within budget. This work was required in anticipation of the construction start up beginning with demolition in January. The project is targeted for completion July 1996.

The Department of Parking and Traffic forwarded a request for supplemental appropriation to the Mayor's Office. The supplemental is necessary to appropriate project bond proceeds into the City's accounting system for disbursement. In the interest of moving the project forward quickly, the legislative process and final approval by the Board of Supervisors is being conducted prior to the sale of the bonds.

System Implementation

The first phase of the SMS conversion project has begun. Access to the SMS Data Center in Malvern, PA was established on Monday, October 31, as scheduled. SMS has built the model system and now SFGH staff will perform preliminary acceptance tests. Coopers and Lybrand finalized their workplans and inaugurated the work of the steering committee and project teams last week. The C&L engagement focuses on the implementation of enterprise-wide applications like the lifetime clinical record and orders and results reporting.

LAGUNA HONDA HOSPITAL

Highest Census in Recent History

Laguna Honda Hospital achieved its highest census in recent history on November 15th with a total census of 1154 patients. The budgeted census for this fiscal year at Laguna Honda is 1145 patients. November's month-to-date census was 1145.

Volunteers, Inc. Board Hosts Annual Patient Holiday Show

The Laguna Honda Volunteer, Inc. Board will sponsor the annual Holiday Show for the patients. The Headliner this year will again be Eddie Fisher, and the show will also include numerous other excellent acts. The hosts for the affair will be Terry Lowry and Fred LaCosse. The show will be held in Simon Auditorium on Friday, December 26th, from 2:00 p.m. to 3:30 p.m.. The Commission is invited to attend.

Annual Staff Holiday Events

Laguna Honda Hospital will hold its annual Holiday Staff Party in Moran Hall on Monday, December 19th, from 2:00 p.m. to 5:00 p.m.; and the annual Breakfast for night shift staff will be held Tuesday morning, December 20th, at 7:30 a.m. in the Patient Library. Commissioners are welcome to attend either of these events.

MENTAL HEALTH AND SUBSTANCE ABUSE

Student Stipends

The Award Committee for this year's DMS Multicultural Student Stipends completed its process this month. This is an important part of the DMS human resource development goals for cultural competency. The Committee included: Tina Yee, Sai Ling Chan-Sew, La Donnis Elston, Evelyn Balancio, and Marta Rangel.

Over 50 applications were submitted. Nineteen awards, totaling $43,550 were granted ranging in amounts of $1,800 to $2,700. Three African-American's received awards, seven Asians, six Hispanic and three European Americans.

A small amount of funds have been reserved with the possibility of adding interns of backgrounds currently not part of the application pool. Given the needs of DMS, stipend priorities have been placed for qualified students (undergraduate or graduate) of Filipino, Cambodian, Laotian, Korean, and American Indian backgrounds.

Hunters View Housing

On November 9, 1994, Valerie Edwards, L.C.S.W., from Westside Community Mental Health Center and Denise Jones, Ph.D., from Bayview Hunters Point Foundation, conducted a debriefing at the Hunter's View Housing Project for family members and friends of victims who were shot and killed in two separate incidents during October and November. Normally each incident would have been debriefed separately. Individuals from both incidents came when they heard that a debriefing had been scheduled. Valerie and Denise used good judgment in agreeing on the spot to debrief both incidents.

At the conclusion of the debriefing, Dr. Jones offered follow-up services to any participants who requested them.

CSAS Asset Seizure Funding Gap

While a number of funding opportunities exist, the Department has not yet identified sufficient funding to meet the $1.66 million required to maintain current drug treatment services supported by the former Asset Seizure Forfeiture grant funds for the period January through June, 1995.

The following revenues are available to address the shortfall:

- **$151,058** - Originally deleted from the $1 million supplemental this Fall. A supplemental to restore this cut has been submitted by the department. This supplemental will enable programs to continue at current service levels until January 15, 1995.

- A one time grant by DADP to CSAS for homeless services provided by Walden House and the CATS McMillian center.

- This treatment allocation from the Target Cities Project is available via RFP to fund residential and outpatient drug-free treatment programs. Programs formerly funded by Asset Seizure revenues are eligible but results of the competitive RFP process will not be known until late December. A January 15, 1995 start-up date is scheduled for programs awarded contracts. Since the $500,000 is an annual allocation, only $250,000 is available for the 1994-95 fiscal year.

To summarize, approximately $900,000 is currently available (assuming all Asset Seizure funded programs are successful in bidding the Target Cities RFP) to meet a $1.66 million shortfall, thus leaving an immediate funding gap of approximately $760,000.

It is important to note that this Asset Seizure funding analysis does not include the further reductions in citywide treatment capacity associated with the loss of the Perinatal grant ($420,000 annually), elimination of Sheriff's alternative to incarceration ($1.5 million annually) or the additional revenues leveraged by the Asset Seizure funded programs (approximately $400,000 annually).

On the funding horizon two revenue sources have potential: Mayor Jordan has written to Lee Brown, Director for Office of National Drug Control Policy, Office of the President, requesting funding consideration to offset the loss of Asset Seizure funds; and the Federal Crime Bill which, if it survives intact, could provide funding support for substance abuse treatment in FY 1995-96.

Citywide alcohol and drug treatment capacity will be significantly reduced unless funding opportunities materialize soon.

EPIDEMIOLOGY, DISEASE CONTROL & AIDS

AIDS Office

The San Francisco Department of Public Health AIDS Office has received an outstanding external review for its Comprehensive HIV Prevention Plan submitted to the Centers for Disease Control and Prevention in October 1994. In summary, the reviewers stated: "The plan is exemplary and well-written and could be used as a model for other jurisdictions. It is based on a comprehensive needs assessment, epidemiologic profile, a thorough resource inventory, and extensive community involvement. It is written clearly and free of technical jargon and presented in a format that is easy to follow".

The community co-chairs, Kerrington Osborne and Cynthia Gomez, the AIDS Office co-chair, Valerie Kegebein, and all the members of the HIV Prevention Planning Council should be commended.

Joint Task Force on the HIV Epidemic Report

The Joint HIV Task Force issued its final report titled, "A Second Decade Response to HIV/AIDS in San Francisco last week. Recommendations were developed in a number of areas including; planning, improved coordination; contracting/ service delivery; legislation and research.

The Task Force placed a good deal of emphasis on consolidation of programs and improved coordination of services. The Task Force supports the community-driven approach to HIV services, at the same time suggesting creation of a system wide coordinated intake, evaluation information referral system.

Copies of the report will be distributed to the Commission.

BUREAU OF ENVIRONMENTAL HEALTH

San Francisco Energy Company Innes Site

The San Francisco Energy Company filed an application with the California Energy Commission to site a co-generation plant in two locations in San Francisco. The California Energy Commission filed a Proposition 65 Hazardous Waste Notification on one of the two sites, Innes Street. The Proposition 65 Notification recommended that the site should be fenced and posted and that a preliminary health risk assessment concluded the cancer risk to be in the 1:1000 range.

The Department posted the site with warning signs and cordoned the perimeter with yellow police tape to restrict public access. In addition, the Department has been conducting blood screening for children at the Southeast Health Center.

Copies of the environmental assessment documents and preliminary health risk assessment were given to the California Environmental Protection Agency Department of Toxics Substance Control, the state regulatory agency, for review and further action. The Department of Toxics Substance Control, based on their review of the data will take appropriate action.

I testified at the Board of Supervisors on the matter and indicated that further analysis of the soil is warranted in order to adequately inform the regulators and the public. The Department cannot support a co-generator project at this time given the lack of understanding of P.G.E.'s intent with regard to proposed activity at other plants in the vicinity.

The Department is filing as an 'active intervener' with the State Energy Commission on the Innes co-generator project. Department staff will continue to meet with representatives of the community to ensure that their concerns are addressed and they are informed of the Department finding activities at this site.

FORENSICS

New Jail Facility

The New Sheriff's Facility (County Jail #8) officially opened on December 1st. The facility opened with three of the six housing pods operational, housing 220 prisoners at the outset. This phased in approach was taken due to staffing shortages in the Sheriff's Department. The medical/mental health unit consisting of 38 medical and 38 psychiatric beds is one of the 3 pods now open.

There have been some significant, but not insurmountable problems involved in the opening of these units. The facility was opened a month ahead of schedule to save the City money by bringing back the prisoners housed in Alameda. The early start-up resulted in decreased training and orientation for staff, and less time allotted to set up. In addition, terminal wiring for the automated medical records was done incorrectly by Pacific Bell. Currently only 6 of 40 terminals are running. Pacific Bell indicates the problem will be corrected by December 9. Parts of the electrical security and communication systems also are not functioning properly. Despite these minor problems the staff is doing an excellent job providing care to the patients in the medical /mental health unit and to prisoner in the other housing units.

5. **ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL**

Mr. Richard Cordova, Executive Administrator, presented the Annual Report, inclusive of the following areas: (For a copy of the Annual Report, contact the Commission Office at 554-2666):

- **SFGH STRATEGIC PLANNING GOALS IN 1994**
  (Diane Miller, Director of Planning)

  - **Accomplishments**
  - **Patient Focus**

- **ANNUAL MEDICAL STAFF REPORT**
  (Denise V. Rodgers, M.D., Chief of Staff)

- **ANNUAL NURSING REPORT**
  (Gene O'Connell, R.N., M.S.N., Sr. Associate Administrator, Clinical Services)

- **ANNUAL QUALITY AND UTILIZATION MANAGEMENT**
  (John Luce, M.D., Medical Director, Quality and Utilization Management)

- **FINANCE PRESENTATION**
  (Peter Praetz, Chief Finance Officer)

- **ANNUAL FACILITIES PLAN REPORT**
  (Jerry Rankin, Associate Administrator)

- **ANNUAL VOLUNTEERS PROGRAM REPORT**
  (Kim Dunster, Director, SFGH Volunteers Program)

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) approved the 1993-94 SFGH Annual report, which includes:

a. Hospital Quality Improvement Plan
b. Quality Management Report
   - Quality Improvement Report
   - Risk Management Report
   - Patient Satisfaction Report
   - Human Resources Competency Report
c. Utilization Management Annual Report and Plan
d. Providing Patient Care
e. Nursing Plan for Providing Patient Care
f. Health and Safety Annual Plan

Commissioner Kaufman expressed her concern about the results of the Patient Satisfaction Survey. Even though she is supportive of SFGH, she expressed the importance of being competitive and satisfying the patients as a business would satisfy its customers.

Commissioner Ripple encouraged SFGH to include, as part of its objectives, a multidisciplinary approach in preparing for the JCAHO process in 1995.

Commissioner Chow thanked SFGH staff for its CQI efforts and a Departmentwide integrated delivery system.

President Jackson emphasized the importance of the focus on patients.

Commissioner Castaneda complimented the staff for working together on the SFGH mission and vision.

President Jackson thanked Mr. Cordova and his staff for a comprehensive report and warm hospitality.

7. **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION, SAN FRANCISCO SUPERIOR COURT #955560, ANDREZEJEWSKI VS. CITY AND COUNTY OF SAN FRANCISCO IN THE AMOUNT OF $250,000**

Action Taken: After coming out of Executive Session, the Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) approved the proposed settlement and to not disclose information from the Closed Session discussion.

8. **OTHER BUSINESS/PUBLIC COMMENTS**

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

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12/13/94

Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

SPECIAL HEALTH COMMISSION MEETING

December 13, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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NOTE: NO BUDGET COMMITTEE
NO DIRECTOR'S REPORT

1. CALL TO ORDER

2. APPROVAL OF MINUTES OF THE SPECIAL MEETING OF NOVEMBER 29, 1994

3. EVALUATING RECOVERY SERVICES; THE CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT

   ANDREW M. MECCA, DR. P.H., DIRECTOR
   CALIFORNIA STATE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

4. IMPLICATIONS OF THE CALIFORNIA OUTCOME STUDY (EVALUATING RECOVERY SERVICES) FOR SAN FRANCISCO'S ALCOHOL AND DRUG TREATMENT PLAN AND BUDGET

   LARRY MEREDITH, Ph.D., DIRECTOR
   COMMUNITY SUBSTANCE ABUSE SERVICES,
   S.F. DEPARTMENT OF PUBLIC HEALTH

5. TARGET CITIES: A STATUS UPDATE

   YVONNE FRAZIER, DIRECTOR
   TARGET CITIES PROJECT

6. PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH AFFIRMATIVE ACTION REPORT

7. CONSIDERATION OF A RESOLUTION TO ENDORSE THE FORMATION OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

8. CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS

9. OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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Arthur M. Jackson
President

Margel F. Kaufman
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, December 13, 1994
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.
Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF NOVEMBER 29, 1994

Action Taken: The Commission unanimously adopted the minutes of November 29, 1994.

3. EVALUATING RECOVERY SERVICES: THE CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT

Larry Meredith, Ph.D., Director of CSAS, introduced Dr. Andrew Mecca, Director, California Department of Alcohol and Drug Program. Dr. Mecca presented the outcome study (see Attachment A) that examines the effectiveness and benefits of alcohol and other drug treatment. While substance abuses treatment has always been a prominent and important public health service, this is the first large scale, scientific investigation to clearly document the significant economic, criminal justice and health benefits that accrue to individuals and communities from an investment in such programs.

4. IMPLICATIONS OF THE CALIFORNIA OUTCOME STUDY (EVALUATING RECOVERY SERVICES) FOR SAN FRANCISCO'S ALCOHOL AND DRUG TREATMENT PLAN AND BUDGET

Dr. Larry Meredith, Director of CSAS, presented the following:

Application of the findings from the California Drug and Alcohol Treatment (CALDATA) Study to substance abuse programs in San Francisco provides a vivid illustration of how San Francisco benefits from its investment in alcohol and drug programs.

Community Substance Abuse Services funds program modalities identical to those included in the State's Outcome Study, and in fact, San Francisco programs participated in the study. Consequently, it is a sound approach to extrapolate the CALDATA Study findings to San Francisco's programs.

The 1994-95 budget for Community Substance Abuse Services totals $31.9 million, of which the General Fund contributes $6.8 million. (Figure 1, CSAS Revenue Budget by Source, 1994-95, see Attachment B). Services funded by CSAS, including the treatment modalities studied in the CALDATA Study, are presented in Figure 2, CSAS Expenditure Budget by Service Modality, 1994-95, see Attachment B).

The direct cost of treating approximately 15,000 alcohol and other drug abusers in 1994-95 is budgeted at $25.7 million; however, based upon the CALDATA Study, cost savings accruing to San Francisco taxpayers during treatment and in the first year following treatment will be worth approximately $173.6 million. Figure 3 (see Attachment B) provides a graphic illustration of this dramatic relationship between program costs and accrued savings. A more detailed cost-savings analysis by treatment modality is presented in Figure 4 (Cost Saving as Compared to Direct Costs of Substance Abuse Treatment by Modality, 1994-95, see Attachment B).

The approximate $174 million in projected savings to San Francisco taxpayers accrue in a number of areas, (Figure 5, Cost Saving During and One Year After Substance Abuse Treatment, San Francisco, see Attachment B), but are associated most directly and significantly with the costs of criminal justice, health care and property losses to individuals and businesses.

Crime: Criminal activity, primarily theft, declined by two-thirds from before treatment to after treatment. Not only does this reduction reduce the costs of victim losses, insurance premiums, and anguish, but it reduces the criminal justice apprehension, processing and incarceration costs. In San Francisco, the problems of jail overcrowding, public safety and the timely processing of cases through the court system would surely be exacerbated by any reduction in the current alcohol and drug treatment capacity.

Health Care: Not only does emergency room usage and hospitalization decrease by about one-third following treatment, but the recovering persons' other health indicators show significant improvement. Decreasing the most expensive of all medical costs while improving an individual's overall health and well being will contribute to the success of managed care in San Francisco.

In addition, while in treatment and recovery, the addict is not exposing him/herself to high risk behavior associated with HIV and STD transmission, thus reducing future health care costs.

Overall, the findings of the CALDATA Study, when applied to San Francisco's alcohol and drug treatment programs, provides strong evidence that:

1. Alcohol and drug treatment programs work -- alcohol and drug abusers reduce/eliminate alcohol and drug use following treatment involvement; and, the longer an individual remains in treatment, the more enduring are the non-using behaviors.

2. Alcohol and drug treatment programs are cost-effective; alcohol and drug treatment programs are a solid economic investment -- taxpayers save about $7 for every $1 invested in such programs.

3. Substantial costs will accrue to criminal justice and h ealth care systems when treatment capacity cannot serve all who desire treatment.

Public Speakers: Etta Jones, NIT-AMP
Jeff Mori, Executive Director of Japanese Community Youth Council

5. TARGET CITIES: A STATUS UPDATE

Yvonne Frazier, Director of San Francisco Target Cities Project, presented an update on the status of this project (Attachment B). For a complete report, contact the Commission Office (554-2666).

Ms. Frazier described the purpose and rationale for this project to be multidimensional:

- Improve and systematize access to treatment and recovery.
- Improve the documented effectiveness of treatment and recovery.
- Establish a network of access sites in which to conduct comprehensive assessment and referral to appropriate substance abuse treatment programs.
- Bring significant improvement to the matching of clients to appropriate modalities and programs.
- Improve the management of treatment slots, utilization, and waiting list.
- Coordinate/integrate with other services such as primary health care, mental h health, social services, vocational rehabilitation, and criminal justice.
- Provide an extensive cross disciplinary training project.
- Improve cost effectiveness.

- Develop feedback mechanisms to permit continuous quality improvement to be an ongoing feature of the system of care.

Organizationally, Ms. Frazier reports directly to the Director of Community Substance Abuse Services. Ms. Frazier administers the contract with Haight Ashbury Free Clinic (HAFC) which performs the fiscal intermediary functions for the project. This fiscal intermediary approach was adopted to permit the project to have a rapid implementation and thus to meet the time critical work plan milestones demanded by the funding agency. Following the standard RFP procedure, HAFC was selected to perform, under contract, the following services: hire and train new staff; identify a site for the first centralized intake center; assess community needs; expand outreach to the provider community; conduct numerous surveys; convene numerous committees; develop memoranda of understanding (MOUs); set up an MIS system for client intake, referral, tracking and evaluation; and create and refine evaluation instruments. To date this has been a very satisfactory relationship. In addition, a twnetynine member (29) Policy Advisory Review Committee h as been established to advise the project relative to policy, procedures, and endure community input.

An award of $300,000 has been given to the San Francisco Target Cities Project from the Federal Agency, Center for Substance Abuse Treatment, to develop and implement a pilot Drug Rehabilitation Court (DRC) in San Francisco which will begin operating on February 6, 1995. The DRC is a collaboration between the Department of Public Health, the District Attorney's Office, the Office of the Public Defender, the Municipal and Superior Courts, the Adult Probation Department, the Sheriff's Department, and community-based substance abuse treatment providers to reduce recidivism and jail overcrowding by the identification, assessment, and placement of appropriate San Francisco County Jail inmates and high risk probationers in community treatment settings as an alternative to incarceration. DRC participants will be assigned to one of three levels of treatment a two-week pretreatment phase. Each level of treatment is a combination of two or more of the following modalities: residential treatment, day treatment; outpatient treatment, and, relapse prevention. The pretreatment phase is a combination of urinalysis testing, acupuncture, counseling, and assessment. A Request for Proposals (RFP) from providers who are interested in providing treatment services will be released in mid December by CSAS. Each of the collaborating agencies listed above, has appointed a representative who will be involved in the development, implementation, and operation of the DRC. (see Attachment C)

Included in the Target Cities Project is an evaluation component designed to assess how well the project meets its stated goals. The two major components include:

1. Interviews and focus groups with administrators and staff members from provider agencies will assess structure of intake and referral procedures, program philosophy, number and types of clients seen, size and duration of waiting lists, retention and attrition rates, and the level of staff satisfaction with the centralized intake model; assessment will be conducted both before and after the Centralized Intake Unit activities is implemented.

2. Clients from several treatment programs will be recruited to participate in face to face interviews about their substance abuse problems and their experience in treatment, including their satisfaction with the intake process; client participants will be interviewed again at one and 12 months after their first interview.

6. PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH AFFIRMATIVE ACTION REPORT

Gloria Louie, Director of EEO/Affirmative Action Program, presented the roles and responsibilities of her unit (Attachment D) and the Departmentwide statistics for FY 1994-94 (see Attachment E).

Comments from Commissioners:

a. Encouraged the Department to have available the opportunity to self-identify sexual preference for demographic information.

b. Encouraged the Department to use both the San Francisco and Bay Area statistics to show a more accurate picture of ethnic demographics.

c. Commissioners can be a resource for recruitment purposes.

d. Recruitment should be prioritized for San Francisco residents.

e. Cultural competency should be promoted throughout health service systems.

7. CONSIDERATION OF A RESOLUTION TO ENDORSE THE FORMATION OF THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

This item was continued to a future Commission meeting.

8. CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS

This item was continued to the December 20, 1994 Commission meeting.

9. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Enclosures (5)

EVALUATING RECOVERY SERVICES: THE CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

Executive Summary

Submitted to

State of California
Department of Alcohol and Drug Programs

by

National Opinion Research Center
at the University of Chicago
and
Lewin-VHI, Inc., Fairfax, Virginia

Principal authors:

Dean R. Gerstein, Robert A. Johnson
National Opinion Research Center, Washington Office

Henrick Harwood, Douglas Fountain
Lewin-VHI, Inc., Fairfax, Virginia

Natalie Suter, Kay Malloy
National Opinion Research Center
Chicago, Illinois and Pasadena, California

July, 1994

Support for this study has been given by the State of California, Health and Welfare Agency, Department of Alcohol and Drug Programs, under Contract No. 92-00110.

-Fact Sheet-

Evaluating Recovery Services:

THE CALIFORNIA DRUG AND ALCOHOL TREATMENT ASSESSMENT (CALDATA)

BACKGROUND

The California Drug and Alcohol Treatment Assessment (CALDATA) was a ground-breaking study conducted for the Department of Alcohol and Drug Programs by the National Opinion Research Center at the University of Chicago (NORC) in partnership with Lewin-VHI of Fairfax, Virginia and Corte Madera. The purpose of the research was to provide comprehensive information on the effectiveness and cost/benefits of drug and alcohol treatment/recovery services in California. Specifically CALDATA was designed to study: (1) the effects of substance abuse treatment on participant behavior; (2) the costs of treatment; and (3) the economic value of treatment to society.

METHODOLOGY

The study selected a representative sample of participants receiving drug and alcohol services from providers which are part of the CADDS (the state reporting system). The study was conducted between September 1992 and March 1994. Approximately 1900 participants, representing nearly 150,000 service recipients, were surveyed. The five major treatment types were included in the study: residential, social model, outpatient, discharged methadone, and continuing methadone.

A detailed retrospective questionnaire was administered to participants an average of 15 months after discharge from the sampled treatment/recovery episode. Questions were asked about behavior one year prior to the treatment/recovery episode, during sample episode, and in the period following the sample episode. Data on costs was collected from the provider.

Participation in the study was voluntary and measures were in place to protect the confidentiality of the data and to insure participant privacy. The research protocol was reviewed and approved by the California Health and Welfare Agency's Committee for the Protection of Human Subjects.

FINDINGS

- The level of criminal activity declined by two-thirds from the period before treatment to a comparable period after treatment. The greater the length of time spent in treatment, the greater the percent reduction in criminal activity.

- The cost of treating participants in the study sample was $209 million while the benefits received by taxpaying citizens were worth approximately $1.5 billion. Total system savings exceeded costs at a ratio of 7 to 1. The savings exceeded costs for each of the treatment types studied, with ratios ranging from 12 to 1 to 4 to 1.

- Significant declines occurred in the use of alcohol and other drugs in the period after treatment as compared to the period before: Crack, cocaine, and amphetamines use declined by almost one-half; heroin by over one-fifth; and alcohol by almost one-third.

For copies of the executive summary and general report contact: The Resource Center, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814 (1-800-879-2772 or 916-327-3728).

PURPOSE

Under the leadership of Governor Pete Wilson, the California Department of Alcohol and Drug Programs (CADP) launched an initiative, in 1992, to determine the epidemiology of substance abuse and the outcomes of substance abuse treatment. The California Drug and Alcohol Treatment Assessment (CALDATA) is the first product of this initiative. CALDATA is a pioneering large-scale study of the effectiveness, benefits, and costs of alcohol and drug treatment in California, using state data bases, provider records, and follow-up interviews with participants in treatment. CALDATA's primary source of information is a voluntary survey of publicly supported participants. CALDATA is the first follow-up interview study to use random sampling techniques with this population.

The purpose of CALDATA was to study:

- the effects of treatment on participant behavior;
- the costs of treatment; and
- the economic value of treatment to society.

The **effects of treatment** are the differences in behavior and experience reported by respondents before and after treatment. The **costs of treatment** were calculated from financial records collected directly from the providers involved in CALDATA. These cost figures have been verified for consistency with other data about these programs and are quite consistent with other study results on treatment costs. The **economic value of treatment** was based largely on the costs avoided due to reductions in the burden of crime and illness, as well as a careful review of shifts in income sources.

The California Department of Alcohol and Drug Programs in partnership with the National Opinion Research Center (NORC) at the University of Chicago and Lewin-VHI, Inc., conducted the study during the period of September, 1992 through March, 1994.

METHODS

Phase One

CALDATA gathered information in two phases. The first phase involved sampling counties, providers, and participants in four types of treatment programs in California. The treatment types include:

- Residential programs
- Residential "social model" programs in particular
- Outpatient programs
- Outpatient methadone

Participants were selected at random from discharge (or in-treatment) lists developed on site at cooperating providers. Sixteen counties, 97 providers, and approximately 3,000 participants who were in treatment or were discharged between October 1, 1991 and

September 30, 1992 were selected into the study sample. The random sample was specifically designed to represent the nearly 150,000 participants in treatment.

The number of programs involved in CALDATA is larger than any prior treatment follow-up study. Further, these programs were systematically selected with known probabilities from a rigorously developed sampling framework, so that those individuals followed up are representative of all participants in treatment in the selected modalities throughout California.

As authorized by federal and state law and permitted by consent obtained routinely on admission to treatment, the program records of participants selected for the follow-up sample were read and abstracted to determine additional important research information and to verify the self-reported data[1]. Using a combination of methods including letters, postcards, telephone calls, visits to last known addresses, contacting relatives or institutional connections, and searching various accessible public records, CALDATA staff sought to locate members of the sample and seek their participation in the study.

In order to protect the privacy of respondents, strict confidentiality was maintained throughout the data collection period. The methods used to protect confidentiality were approved by the California Health and Welfare Protection of Human Subjects Committee.

Phase Two

In the second phase, more than 1,850 individuals drawn from 83 cooperating providers were successfully contacted and interviewed in 9 months. The participant follow-up interview was developed for CALDATA based on extensive work with previous research studies. The questionnaire took approximately one hour and fifteen minutes to administer on average. Follow-up interviews occurred an average of 15 months after treatment, with the longest interval being 24 months. Part of the sample was comprised of individuals who were in continuing methadone maintenance treatment, since this type of treatment is typically longer term than other services.

The results of this study will fill many of the gaps in the research literature--such as the detailed coverage of social model programs and the side-by-side comparison of cost and effectiveness of treatment for alcohol, cocaine, and heroin abuse.

The major goal of the study was to provide CADP a thorough analysis of the data on which data-driven policy decisions can be made. Public policy based on fact ensures the best return on investment for taxpayers.

---

[1]Studies of the reliability and validity of responses to surveys by drug abusers show that addicts provide generally truthful and accurate information (Hubbard, R.L., et .al., 1989, *Drug Abuse Treatment: A National Study of Effectiveness*, Chapel Hill: The University of North Carolina Press, p. 31)

KEY FINDINGS

THE COSTS-BENEFITS OF TREATMENT IN CALIFORNIA

Taxpaying Citizens

• *Costs and benefits to taxpaying citizens*[2]: The cost of treating approximately 150,000 participants represented by the CALDATA study sample in 1992 was $209 million, while the benefits received during treatment and in the first year afterwards were worth approximately $1.5 billion in savings to taxpaying citizens, due mostly to reductions in crime.

• *Daily trade-off*: Each day of treatment paid for itself (the benefits to taxpaying citizens equaled or exceeded the costs) on the day it was received, primarily through an avoidance of crime.

• *Cost-benefit ratios for taxpaying citizens*: The benefits of alcohol and other drug treatment outweighed the costs of treatment by ratios from 4:1 to greater than 12:1 depending on the type of treatment.

• *Differences by treatment types*: The cost-benefit ratio for taxpaying citizens was highest for discharged methadone participants, lowest—but still clearly economically favorable—for participants in residential programs, including social model recovery houses.

Total Society: Economic Benefits

• *Cost-benefit ratios for the total society*: Findings differed when cost-benefit ratios for the total society were calculated. The cost-benefit ratios ranged from 2:1 to more than 4:1 for all treatment types, except methadone treatment episodes ending in discharge. For methadone episodes ending in discharge, there were net losses—mainly from earnings losses to the treatment participants themselves.

Benefits Projection

• *Benefits projection*: Benefits after treatment persisted through the second year of follow-up for the limited number of participants followed for as long as two years. This suggests that projected cumulative lifetime benefits of treatment will be substantially higher than the shorter-term figures. An additional phase of follow-up interviews and analyses would permit a more valid projection of lifetime treatment costs and benefits.

---

[2]The economic benefits of treatment were calculated two ways: benefits to *taxpaying citizens* and benefits to the *total society*. The major difference is that taxpaying citizens benefit when there is less theft and other crime and when the State makes fewer drug-related disability payments and other welfare-type transfers. However, these transfers of income and property are considered economically neutral to the total society, since one person's loss equals another's gain.

TREATMENT EFFECTIVENESS

• *Crime*: The level of criminal activity declined by two-thirds from before treatment to after treatment. The greater the length of time spent in treatment, the greater the percent reduction in criminal activity.

• *Alcohol/Drug Use:* Declines of approximately two-fifths also occurred in the use of alcohol and other drugs from before treatment to after treatment.

• *Health Care:* About one-third reductions in hospitalizations were reported from before treatment to after treatment. There were corresponding significant improvements in other health indicators.

• *Differences by substance*: There has been concern that stimulants, and crack cocaine especially, might be much more resistant to treatment than more familiar drugs such as alcohol or heroin. However, treatment for problems with the major stimulant drugs (crack cocaine, powdered cocaine, and methamphetamine), which were all in widespread use, was found to be just as effective as treatment for alcohol problems, and somewhat more effective than treatment for heroin problems.

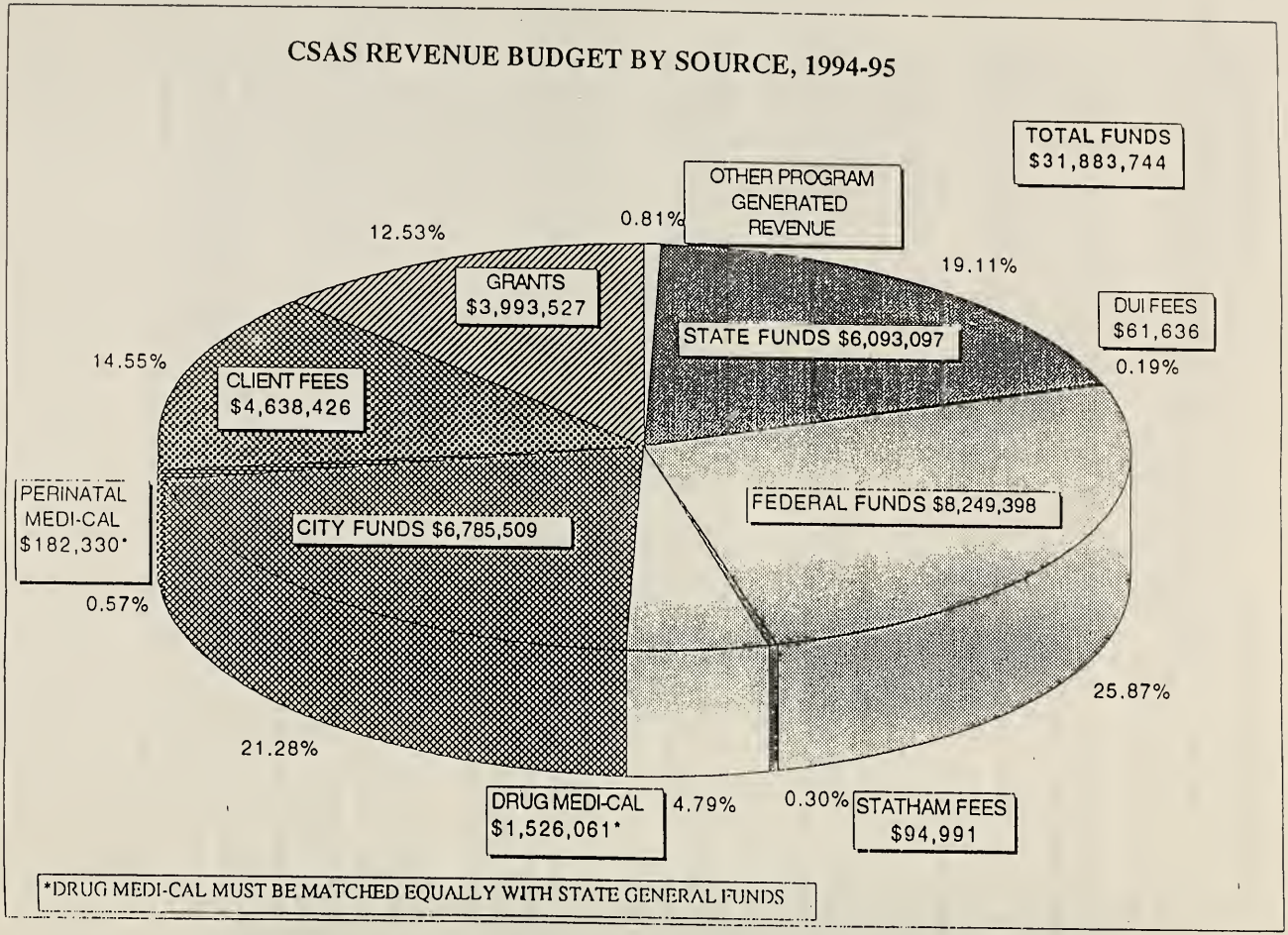
• *No gender, age, or ethnic differences*: For each type of treatment studied, there were slight or no differences in effectiveness between men and women, younger and older participants, or among African-Americans, Hispanics, and Whites.

• *Ethnic differences in selecting treatments*: There were ethnic differences in the selection of treatment types and in reported main drugs of use. Hispanics were disproportionately in methadone programs for heroin addiction and African-Americans were disproportionately in residential programs (primarily for alcohol and cocaine) compared with non-Hispanic Whites and with African-Americans in other types of treatment.

• *Employment and economic situation*: Overall, treatment did not have a positive effect on the economic situation of the participants during the study period. However, the data indicate that longer lengths of stay in treatment have a positive effect on employment. This finding is greater for those in social model or other residential programs than for the other treatment types. The largest gains in employment occur with those individuals staying in treatment beyond the first month.

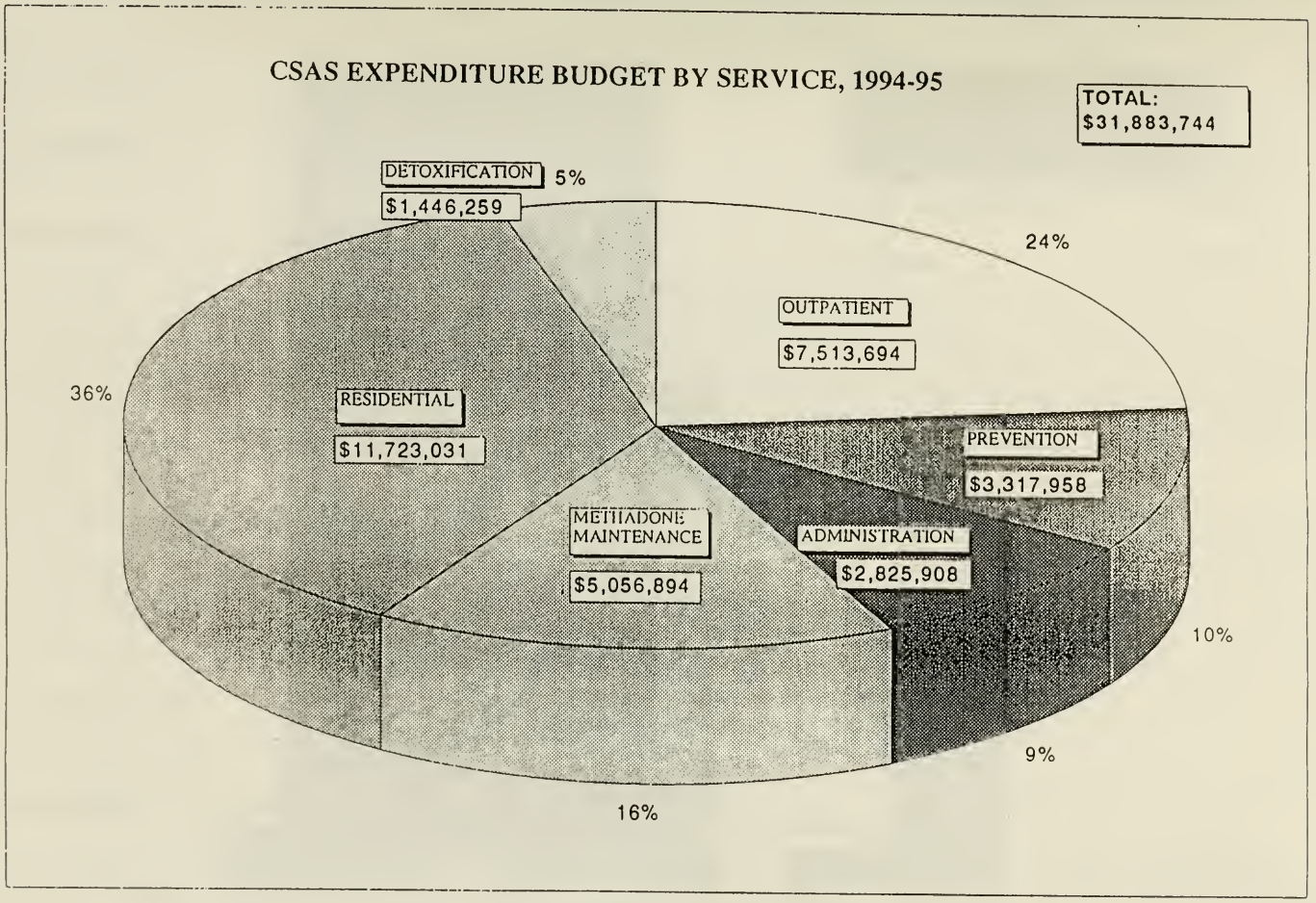
• *Disability and Medi-Cal*: In every type of treatment there were greater levels of enrollment and payments received from disability and Medi-Cal after treatment; these increases ranged from one-sixth to one-half. The study analyses indicated that treatment increased the eligibility to receive disability payments and led to overall improvements in health status.

Figure
1



Source: CSAS Budget FY 94/95
Jim Curtiss 9/11/94

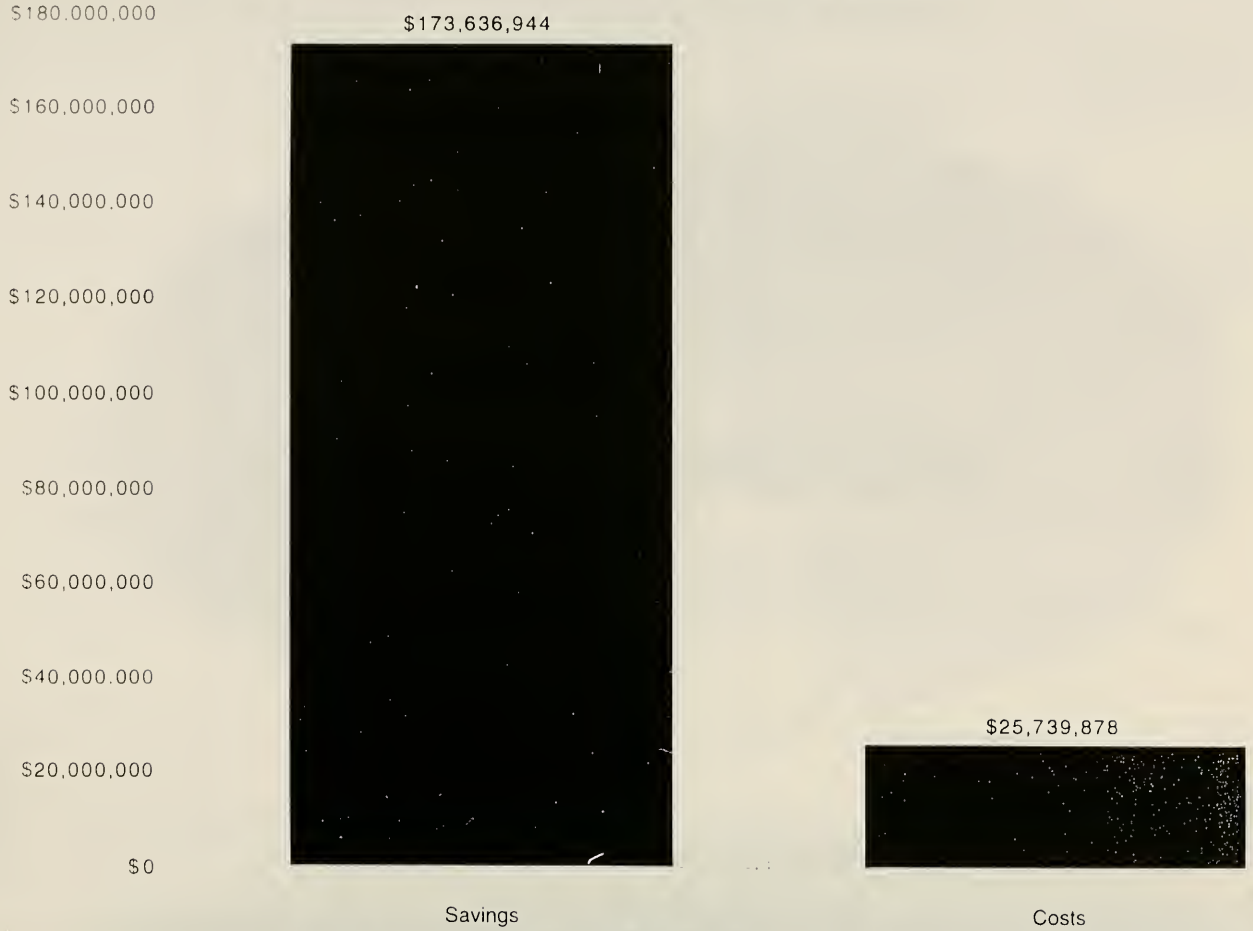
Figure .
2



Source: CSAS Budget FY 94/95

Jim Curtiss 9/11/94

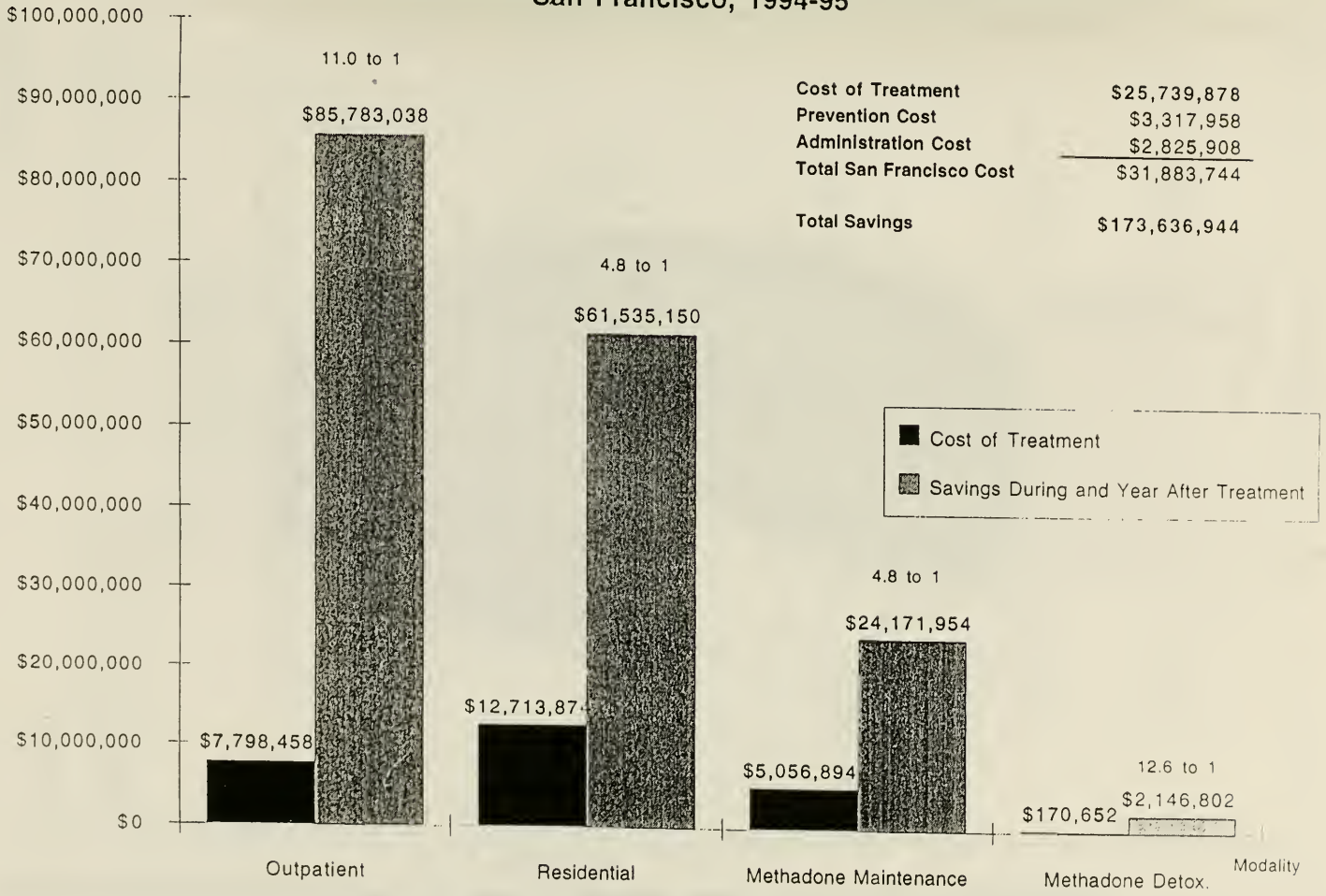
Figure 3
Total Savings and Costs of Treatment System for Tax-Paying Citizens, San Francisco, 1994-95



Source CA DADP. NORC, CALDATA General Report, 4/94 and SFDPH, CSAS Budget FY 94/95 (compiled by SFDPH, Al Abramowitz, M.S.)

Figure 4

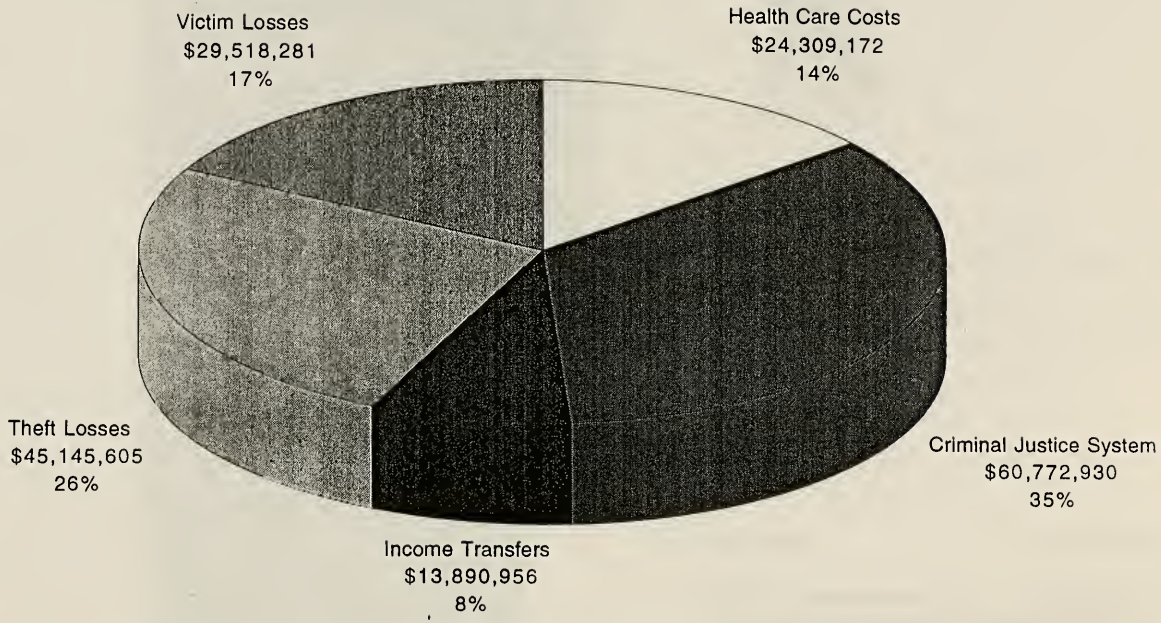
Cost Savings as Compared to Direct Costs of Substance Abuse Treatment, by Modality, San Francisco, 1994-95



Cost of Treatment	$25,739,878
Prevention Cost	$3,317,958
Administration Cost	$2,825,908
Total San Francisco Cost	$31,883,744
Total Savings	$173,636,944

Source: CA DADP, NORC, CALDATA General Report,4/94 and CSAS Budget FY 94/95 (compiled by SFDPH, CSAS, Al Abramowitz, M.S.)

Figure 5
Cost Savings During and One Year After Substance Abuse Treatment, San Francisco, 1994-95



Source: CA DADP, NORC, CALDATA General Report, pg. 67 and CSAS Budget FY 94/95 (compiled by SFDPH, CSAS, Al Abramowitz)

EXHIBIT I

Milestones Year I

The Phase in and Planning Period
October 1, 1993 - September 30, 1994

Developed a 27 Member Multidisciplinary Advisory Committee
Worked with Seven Target Cities Subcommittees on ongoing basis
Established a Fiscal Agent (HAFC)
Implementation and Management Plan
Target Cites Evaluation Plan (UCSF)
Target Cities Criminal Justice Plan
Developed of a Comprehensive Assessment Form (SNAP)
Began Training program on the Addiction Severity Index and SNAP
Established Target Cities Management Information Plan
Developed Rapid Response Team Plan
Developed Target Cities Infrastructure
Prepared Hiring and Recruitment Program
Extensive Policy Manual Development
Established Central Intake Policies and Procedures
Quarterly Reporting to DADP/CSAT
Linked SSI Contract with Target Cities ($10,000 revenue each month)
MOU's negotiated with substance abuse treatment providers
Newsletter began
Reassessed community needs/revised program design

Milestones Year II

The Implementation Period
October 1, 1994 - Present

Began Assessment and Referral Activities
First Network Site began /First Client Scheduled October 10, 1994
Bryant Street Site Approved
800 Number started/more than 500 calls logged in
Access Site on Mission starting December, 1994
Contract with Aids Health Project Negotiated
Interdisciplinary Training Program started
$500,000 RFP for Treatment Expansion Released
$50,000 In custody RFP Released
In Custody Services (Acupuncture and Training)
Drug Rehabilitation Court RFP released in December, 1994
New Employee Training Program

January - May 1995
Pre Treatment Services Begin
MIS System will be automated May, 1995
Quantified Patient Report becomes available January 1995
Full staff hired
Medical Services activated
All components fully functional
Mobile Staff sent to numerous sites throughout SF

Update Date: December 4, 1994

ROLES AND RESPONSIBILITIES OF THE DPH EEO/ AA UNIT

The Department of Public Health's Equal Employment Opportunity and Affirmative Action Unit was first established on or about 1979. Since its establishment, the unit has been responsible for coordinating and monitoring the implementation of the Department's policy of affording equal opportunity of employment to all individuals and of taking affirmative steps to assure that the Department attains to the extent possible a balanced and representative work force. To achieve these goals, the DPH EEO/AA Unit engages in the following activities:

- RECRUITMENT AND RETENTION

  - analysis of the department labor force data
  - set with managers labor force hiring goals
  - recruit under-utilized women, people of color and individuals with disabilities
  - develop jobs for individuals with disabilities (e.g., Rule 34)
  - coordinate upward mobility programs (e.g., 20/20 Program)

- DISCRIMINATION COMPLAINT MEDIATION AND INVESTIGATION

  - facilitate diversity issues at individual work units
  - mediate cultural conflicts at work sites
  - investigate complaints of discrimination
  - assist managers with employees' cultural issues impacting work environment

- ADMINISTRATION OF THE AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT OF 1973

  - assist and advise managers with disability accommodation and access requests from clients and employees
  - provide disability accommodation and access training
  - develop jobs for individuals with disabilities
  - coordinate Disability Transition Plan for the Department
  - monitor the implementation of the Disability Transition Plan

- EEO AND AFFIRMATIVE ACTION TRAINING

  - provide the following EEO training to DPH staff:
    - *Preventing Sexual Harassment at the Work Site*
    - *Disability Accommodation and Access*
    - *Diversity Awareness Training Module I-IV*
    - *EEO/AA Policies and Procedures*
    - *African American Health Services/Providing Culturally Competent Service to African American Clients: Culture, Race and Health*
    - *Gay Health Services: Human Sexuality*
    - *New Employee Orientation*

- COORDINATION OF CULTURALLY APPROPRIATE SERVICES

  -Bilingual Testing and Services
  -African American Health Services Specialist Testing and Services
  -Gay Health Services Specialist Testing and Services

EXECUTIVE SUMMARY

Below is a review of the Department's labor force statistics for fiscal year 1993-94. Included with this review is the following information:

- Overview of the department-wide labor force data;
- Overview of labor force information by DPH divisions;
- Under-utilization statistical information by job categories department-wide and by division;
- Comparative labor force information of the administrative job category over a six (6) year period;
- Impacts of the budget reductions over the last two years.

LABOR FORCE OVERVIEW DEPARTMENT-WIDE

Fiscal year 1993-94, as with the two previous fiscal years, was a difficult budget year for the Department of Public Health. As the Health Department prepares for *Manage Care*, contends with limited financial and other resources, and makes efforts to ensure that on-going culturally proficient and relevant health services are provided to public health consumers, the Department has had no choice but, to re-engineer its method of operations, reorganize and shrink its work force.

As of June 1994, the Department employed 5626 employees, 254 or 4.3% fewer employees than June 1993. Even with this significant reduction in staff, the Department was able to maintain a diversified labor force that is close to the San Francisco and Bay Area labor force parity figures.

	WHITE %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/94	1727	901	660	846	1468	24	1854	3772	5626
	30.7%	16.0%	11.7%	15.0%	26.0%	0.4%	33%	67%	100%
1990 LABOR FORCE PARITY									
San Francisco	52.0%	8.2%	12.8%	21.0%	5.4%	0.4%	54.3%	45.7%	100%
SF Bay Area	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.3%	46.0%	100%
United States	78.2%	10.2%	8.0%	2.3%	0.5%	0.6%	54.3%	45.7%	100%

For discussion purposes, the labor force parity statistics representing the five (5) Bay Area counties will be used in this report to determine under-utilization, establish goals and target recruitment efforts. These statistics represent the estimated labor force availability in San Francisco, Marin, San Mateo, Alameda, Contra Costa and are utilized in analyzing the Department's data because approximately 50% of Department of Public Health employees

reside in San Francisco, and approximately 50% reside in one or more of the other four (4) Bay Area counties outside of San Francisco.

ADMINISTRATORS

Labor Force Information of DPH Administrators Category Over a Six Year Period

In the last six years (1989-1994), the department has significantly reduced the number of its administrators positions from 170 to 125 (-26.5%). Two (2) positions are currently vacant in the Administrators Category.

	WHITE %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/89	95	24	15	27	8	1	71	99	170
	55.9%	14.1%	8.8%	15.9%	4.7%	0.6%	41.8%	58.2%	100%
06/30/93	65	20	14	23	10	1	61	72	133
	48.9%	15.0%	10.5%	17.3%	7.5%	0.8%	45.9%	54.1%	100%
06/30/94	64	17	17	21	3	1	50	73	123
	52.0%	13.8%	13.8%	17.1%	2.4%	0.8%	41%	59%	100%
1990 Parity	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.3%	46.0%	100%

In the last six years Hispanics consistently have been the under-utilized group in the official/administrator group. This year the only under-utilized group department-wide is Filipino.

As of June 1994, the Health Department's senior administrative group include the following positions and individuals:

Director of Health	Hispanic	female
Executive Administrator, SFGH	Hispanic	male
Executive Administrator, LHH	African American	male
Deputy Director of Health, DMS	Asian	male
Deputy Director of Health, CPHS & AIDS	European American	male
Deputy Director of Health, Operations	European American	male
Director of Budget and Planning	vacant	-----
Director of AIDS	European American	male
Director of Human Resource Services	European American	male
Chief Financial Officer	vacant	-----

Of the executive group, four (4) or 50% are people of color and one (1) or 12.5% is a women. There are currently two (2) vacancies in this group.

WORK FORCE COMPOSITION AT THE DIVISION LEVEL

Below is an overview of the labor force information of the Health Department's four (4) divisions: San Francisco General Hospital (Department 86); Laguna Honda Hospital (Department 85); Division of Mental Health, Substance Abuse and Forensics (Department 87); Community Public Health Services and AIDS Programs (Department 83).

San Francisco General Hospital

San Francisco General Hospital with a work force of 2396 employees (42.6% of the Department's total work force) is above parity with respect to African Americans, Asians Filipinos and women. The Hispanic (-.7%) and American Indian (-.1%) groups are under utilized in the indicated percentages. It is important to note that last year General Hospital's work force for Hispanics and American Indians was only 93% and 50% of work force parity and this year is 94% and 80% respectively (a 1% and 30% increase). General Hospital's labor force total for June 1993 was 2518. As of June 1994, General Hospital had 122 fewer workers.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.1%	9.1%	166%
HISPANIC	12.0%	12.7%	94%
ASIAN	14.6%	11.1%	132%
FILIPINO	21.9%	4.2%	521%
AMERICAN INDIAN	0.4%	0.5%	80%
WOMEN	63.0%	46.0%	137%

Laguna Honda Hospital

Laguna Honda Hospital with a work force of 1590 employees (28.3% of the Department's total work force) is above parity for African Americans, Filipinos and women. The Hispanic (-5.3%), Asian (-.1%) and American Indian (-.2%) groups are underrepresented as shown. It is important to note that last year Laguna's work force for Asians was 93% of its labor force goal and this year is 99% (a 6% increase) of the parity goal. Laguna's labor force total for June 1993 was 1651. As of June 1994, Laguna had 61 fewer workers.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	18.5%	9.1%	203%
HISPANIC	7.4%	12.7%	58%
ASIAN	11.0%	11.1%	99%
FILIPINO	47.2%	4.2%	1123%
AMERICAN INDIAN	0.3%	0.5%	60%
WOMEN	75.0%	46.0%	163%

Division of Mental Health, Substance Abuse and Forensics

The Division of Mental Health, Substance Abuse and Forensics (DMSF) with a work force of 543 employees (9.7% of the Department's total work force) is above parity, except for the American Indian (-.1%) group. The DMSF labor force as of June 1993 was 640. As of June 1994, DMSF had 97 fewer workers.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	14.0%	9.1%	154%
HISPANIC	13.4%	12.7%	106%
ASIAN	18.6%	11.1%	168%
FILIPINO	13.4%	4.2%	319%
AMERICAN INDIAN	0.4%	0.5%	80%
WOMEN	62.0%	46.0%	135%

Community Public Health Services and AIDS Programs

As of June 1994, Community Public Health Services and AIDS Programs with a labor force of 1099 were significantly above parity with all targeted groups. Twenty-eight (28) employees were added to this division in the last year.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.5%	9.1%	170%
HISPANIC	16.7%	12.7%	131%
ASIAN	20.1%	11.1%	181%
FILIPINO	11.2%	4.2%	267%
AMERICAN INDIAN	0.7%	0.5%	140%
WOMEN	66.0%	46.0%	143%

SPECIAL AFFIRMATIVE ACTION PROJECTS FISCAL YEAR SUMMARY - 1993-94

Below is a summary of the Department's special affirmative action projects for fiscal year 1993-94. (See page 22 for a detailed description of these projects).

- **African American Health Services Specialist Designation**
- **Audit and Assess of the Utilization of Bilingual Waivers at San Francisco General Hospital**

- Training Development and Implementation of Diversity Awareness and Cross-Cultural Communication
- Cultural Competence Committee
- Revamping of Recruitment Procedures
- *Re-engineering and Managing Transition*

AFFIRMATIVE ACTION ACTIVITIES FOR FISCAL YEAR 1994-95

- Completion of the computerized recruitment system.
- Continue with the implementation of the African American Health Services Specialist designation and certification process.
- Begin department-wide *cultural diversity* mediation and conflict resolution training.
- Assist other city departments with their *cultural diversity* training needs.
- Begin implementation of the Gay/Lesbian Health Services Coordinator's *Community Wellness* program.
- Activate the Department's Cultural Competence Committee activities as it relates to *manage care*.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

Edward A. Chow, M.D.
Commissioner

Helen B. Ripple, R.N., M.S.N.
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

December 20, 1994
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2: 00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1. **CALL TO ORDER**

2. **APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 6, 1994**

3. **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Arthur M. Jackson)

(3.1) Consideration of a supplemental appropriation request in the amount of $125,000 to fund planing and development projects for the San Francisco Health Authority from identified 1993-94 carry forward funds.

(3.2) Consideration of a continuing resolution on renewal for Centers for Disease Control (CDC) prevention contracts.

(3.3) **CHS - AIDS-** Renewal contract with STOP AIDS Project, in the amount of $151,427 for the provision of HIV/AIDS prevention services to young gay and bisexual men, for the period of July 1, 1994 through June 30, 1995.

(3.4) CHS - AIDS - Request to approve the continuation of eight AIDS prevention and surveillance contracts for an additional six months, from January 1, 1995 through June 30, 1995.

(3.5) CHS - AIDS - Sole Source Request and Contract Modification with The Support Center, in the amount of $350,000, for the development of a Centralized Intake and Referral System for the Department of Public Health, AIDS Office, for the period of December 21, 1994 through June 30, 1995. (DPH contracted with The Support Center for services totaling $401,169 in FY 1993-94.)

(3.6) CHS - Epidemiology - Multi-year contract renewal with UCSF/SFGH, in the amount of $155,599 per year to provide for physician and radiology services for the Tuberculosis Clinic at SFGH, for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.7) CHS/CPHS - Consideration of a resolution authorizing the Department of Public Health to execute an amended contract in the amount of $27,371,189 annually for the period of July 1, 1992 through June 30, 1994 for Medi-Cal Administrative Claiming Allowable for Federal Financial Participation, with the State Department of Health Services, including provisions indemnifying the State.

(3.8) DMS- CMHS - Requesting approval of the Performance Contract for FY 1994-95 between the State Department of Mental Health and the Department of Public Health, Division of Mental Health and Substance Abuse.

(3.9) DMS - CMHS - Child Adolescent and Family - Multi-year contract renewal with Edgewood Children's Center in the amount of $1,500,411 per year to provide Day Treatment Services, Subacute Day Treatment, Respite Program, School Based Intervention Programs and Family Mosaic Program for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Edgewood Children's Center for services totaling $999,131 in FY 1993-94)

(3.10) DMS - CSAS - First modification to the contract with Haight Ashbury Free Clinics in the amount of $993,332 to continue start-up/project implementation services for the Target Cities Project, and adjust funding for the Haight Ashbury Recovery Center for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Haight Ashbury Free Clinic Inc. for services totaling $5,881,753 in FY 1993-94).

(3.11) DMSF - Consideration of a supplemental appropriation for $3,432,000 in State and Medi-Cal funds to fund the first phase of mental health managed care for inpatient services provided to Medi-Cal recipients for the period between January 1 through June 30, 1994.

4. DIRECTOR'S REPORT
(Sandra R. Hernández, M.D., Director of Public Health)

5. UPDATE ON MEDI-CAL MANAGED CARE MENTAL HEALTH SERVICES

6. CONSIDERATION OF A RESOLUTION SUPPORTING THE CALIFORNIA HEALTHY CITIES: MISSION IMMUNIZATION PROJECT

7. PRESENTATION OF THE LEAD POISON PREVENTION PROGRAM, THE LEAD POISON PREVENTION CITIZENS ADVISORY COMMITTEE, AND THE LEAD HAZARD REDUCTION CITIZENS ADVISORY COMMITTEE

8. PRESENTATION OF THE COMMISSION ON THE ENVIRONMENT REPORT

- Update on Base Closures

9. CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS

10. OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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Arthur M. Jackson
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 20, 1994
3:00 p.m.
at
101 Grove Street, Room #300

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Helen B. Ripple, R.N., M.S.N.

Absent: Commissioner Michael D. Shriver

2. APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 6, 1994

Action Taken: The Commission unanimously adopted the minutes of December 6, 1994.

3. CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Consideration of a supplemental appropriation request in the amount of $125,000 to fund planing and development projects for the San Francisco Health Authority from identified 1993-94 carry forward funds.

Commissioner Jackson requested the $40,000 allocation for the recruitment for the CEO be reviewed and brought back to the Commission in January. The remaining balance was recommended for approval.

(3.2) Consideration of a continuing resolution on renewal for Centers for Disease Control (CDC) prevention contracts.

There are seven contracts, instead of 8.

(3.3) CHS - AIDS- Renewal contract with STOP AIDS Project, in the amount of $151,427 for the provision of HIV/AIDS prevention services to young gay and bisexual men, for the period of July 1, 1994 through June 30, 1995.

(3.4) CHS - AIDS - Request to approve the continuation of seven AIDS prevention and surveillance contracts for an additional six months, from January 1, 1995 through June 30, 1995.

This item is #3.2.

(3.5) CHS - AIDS - Sole Source Request and Contract Modification with The Support Center, in the amount of $350,000, for the development of a Centralized Intake and Referral System for the Department of Public Health, AIDS Office, for the period of December 21, 1994 through June 30, 1995. (DPH contracted with The Support Center for services totaling $401,169 in FY 1993-94.)

(3.6) CHS - Epidemiology - Multi-year contract renewal with UCSF/SFGH, in the amount of $155,599 per year to provide for physician and radiology services for the Tuberculosis Clinic at SFGH, for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Regents of the University of California for services totaling $8,269,610 in FY 1993-94 exclusive of the Affiliation Agreement).

(3.7) CHS/CPHS - Consideration of a resolution authorizing the Department of Public Health to execute an amended contract in the amount of $27,371,189 annually for the period of July 1, 1992 through June 30, 1994 for Medi-Cal Administrative Claiming Allowable for Federal Financial Participation, with the State Department of Health Services, including provisions indemnifying the State.

(3.8) DMS- CMHS - Requesting approval of the Performance Contract for FY 1994-95 between the State Department of Mental Health and the Department of Public Health, Division of Mental Health and Substance Abuse.

(3.9) DMS - CMHS - Child Adolescent and Family - Multi-year contract renewal with Edgewood Children's Center in the amount of $1,500,411 per year to provide Day Treatment Services, Subacute Day Treatment, Respite Program, School Based Intervention Programs and Family Mosaic Program for the period of July 1, 1994 through June 30, 1998. (DPH contracted with Edgewood Children's Center for services totaling $999,131 in FY 1993-94).

Commissioner Castaneda recommended this contract be a one-year renewal, with a review on the compliance to the Commission's Board composition policy in a year.

(3.10) DMS - CSAS - First modification to the contract with Haight Ashbury Free Clinics in the amount of $993,332 to continue start-up/project implementation services for the Target Cities Project, and adjust funding for the Haight Ashbury Recovery Center for the period of July 1, 1994 through June 30, 1995. (DPH contracted with Haight Ashbury Free Clinic Inc. for services totaling $5,881,753 in FY 1993-94).

(3.11) DMSF - Consideration of a supplemental appropriation for $3,432,000 in State and Medi-Cal funds to fund the first phase of mental health managed care for inpatient services provided to Medi-Cal recipients for the period between January 1 through June 30, 1994.

The amount was changed to $3,670,238.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow and Ripple) approved #3.1 (see above #3.1), 3.2, 3.3, 3.5, 3.7, 3.8, 3.9, 3.10 and 3.11).

The Commission (Jackson, Kaufman, Castaneda, Chow) approved #3.6, with Commissioner Ripple abstaining because she is an employee of UCSF.

On behalf of the Commission, President Jackson made a special presentation to Melinda L. Paras, who served as a Commissioner from March 1, 1993 through December 6, 1994.

President Jackson announced his appointment of Commissioner Edward A. Chow, M.D., to represent the Health Commission as an Ex-Officio, on the newly-formed San Francisco Health Authority, the governing body for managed care.

Dr. Hernández acknowledged the work of public health nurse Lisa Layton, who helped to locate the mother of an abandoned child. Commissioner Kaufman thanked Ms. Layton for her efficient and timely work.

4. DIRECTOR'S REPORT

(Sandra R. Hernández, M.D., Director of Public Health)

MANAGED CARE

PacifiCare Contract

Yesterday the Board of Supervisors approved the Department's contract with PacifiCare to provide medical services to Medi-Cal beneficiaries for capitated payments. This contract will allow the Department to enter into the managed care arena and begin enrolling Medi-Cal recipients into our system.

Change in Implementation of Two-Plan Model

As I reported at the last Commission meeting, the State revised its time frame for responding to the Request for Applications (RFA) by commercial plans. Of principle concern to the Department was what impact this might have on the implementation date of the two-plan model.

The Department has received official notification from the State that the implementation date for the two-plan model has been revised to reflect changes in the RFA process. The original implementation date was scheduled for December 1, 1995. Under the revised timetable, implementation would be postponed three months to March 1, 1996. The implementation date could be postponed further to June 1, 1996 if protests are filed against the State's final awarding of the commercial plan contract.

Changes to the Request for Application

The State has released an addendum to the Request for Application which incorporates significant changes to contractual requirements for commercial plans. One substantive change in the RFA is that

commercial plans and local health departments must enter into subcontracts for the provision of specified public health services. Previously, signed memorandum of understanding were requested from the two parties. The Department is in the process of determining the full impact of this change and other changes in commercial plan requirements under the two-plan model.

Door-to-Door Marketing

I have had several conversations with the State regarding door-to-door marketing and the implementation of Health Care Options (HCO). The Department strongly believes that door-to-door marketing should be eliminated in San Francisco. The State is undertaking a formal investigation of reported marketing abuses and has agreed to expedite the implementation of Health Care Options in San Francisco in response to community concerns regarding door-to-door marketing.

If the State's contract is amended in adequate time, HCO could be operational in April 1995. Previously, the State indicated that HCO would coincide with the start up date for the Local Initiative which is July 1995. I am pleased that the State is committed to implementing HCO in San Francisco before the Health Authority is operational. The Department will continue to work with the State to ensure appropriate monitoring of door-to-door marketing in San Francisco.

I recently met with Matthew Lonsdale of Foundation Health to discuss the use of door-to-door marketing to enroll Medi-Cal beneficiaries. Mr. Lonsdale provided a detailed overview of Foundation Health's quality control protocols. However, the growing numbers of complaints suggest that even with these measures in place, door-to-door marketing is not the appropriate mechanism by which to inform Medi-Cal beneficiaries of their health care choices and expect them to make informed decisions.

Due to the growing number and egregious nature of complaints, the Board of Supervisors has scheduled a hearing before the Health, Public Safety and Environment Committee on January 10, 1995 to discuss door-to-door marketing. This hearing will be an opportunity for beneficiaries, providers and other interested parties to relay their concerns to local officials. The Department has notified the State of this hearing and it is our hope that State representatives will be in attendance.

San Francisco Health Authority

The Board of Supervisors adopted the enabling ordinance to establish the San Francisco Health Authority at its December 12, 1994 meeting by a 9-0 vote. The ordinance was signed by Mayor Jordan on December 14, 1994 and will take effect 30 days from December 14, 1994. When the ordinance takes effect, the Health Authority will be a legal, public entity in San Francisco.

The Health Authority has begun the process of requesting that existing governing board members be officially appointed to the Health Authority. Under the ordinance, fourteen of the nineteen governing board members are appointed by the Board of Supervisors. The Health Authority anticipates that members will be appointed in February 1995.

The governing board of Health Authority approved entering into exclusive negotiations with Health Net as an HMO partner. Under this affiliation, the Health Authority could potentially begin enrollment in July 1995. Health Net would provide administrative and development services to the Local Initiative.

BUDGET

FY 1994-95 Budget Status

Last Wednesday, the Department appeared at the Board of Supervisor's Budget Committee to report on our current year budget status. As reported to the Commission last month, the Department is facing a potential shortfall of 7.1 million dollars for FY 94-95. The shortfall can be attributed to the following:

- Projected revenues are $4 million below budget. This includes the 2 million MAC short-fall and $2 million in Deliotte and Touche revenues that will not be realized due to contracting delays.

- DPH's expenditure budget was $1.5 million underfunded as approved by the Board of Supervisors and Mayor during the budget process.

- The Controller's Office estimated an additional $500,000 cost to fund the Nurses MOU.

- million additional is needed to continue services at Center for Special Problems, Forensics, and Public Health Nursing.

The Budget Committee commended the Department for efficiently managing its budget and identifying new revenue sources. The Budget Committee encouraged the Department to submit a supplemental request to cover some of the shortfall. Supplemental requests for Forensics Nursing ($350,000) and Center for Special Problems ($400,000) will be coming to the Commission for consideration in January.

FY 1995-96 Budget

The Health Commission will hold a special meeting January 24th to review the proposed FY 95-96 budget. The budget is due in the Mayor's Office February 1. Staff has been working on the new 'mission driven budget' since early November. Mission driven budgeting requires the Department to prioritize its services and redefine the Division budgets by program categories. DPH's FY 1995-96 general fund allocation is $114 million. This leaves the Department with a projected $46 million shortfall. The Department will look at closing this gap by following last years budget principals: looking for new revenue sources first and administrative efficiencies second. Service cuts will be considered only where other efforts fail to close the gap.

ADMINISTRATION

Proposition 187 Update

Numerous judicial, legislative and administrative actions have occurred subsequent to the passage of Proposition 187. Several lawsuits have been filed to challenge Proposition 187 by requesting Temporary Restraining Orders (TRO's) based on the risk of immediate harm, specifically as it relates to children and the public health of the populace.

On December 14th, in Los Angeles Federal District Court, Judge Mariana Pfaelzer issued a Preliminary Injunction covering most sections of Proposition 187. This action extends the TRO previously granted. None of the provisions of the initiative which affect health care are in effect.

I have directed all employees of the Department to continue to follow normal operating procedures pending further information regarding disposition of court and administrative directives.

Disaster Update

On Friday, December 9, 1994, the Training Task Force of the DPH Emergency Response Committee conducted a major training exercise for DPH executive administration. The purpose of the training was to continue development of the disaster response management team and identify key planning strategies. A number of important issues were discussed including; the DPH Emergency Response Plan, the Incident Command System, communications systems and medical care issues. Newly purchased 800 mghz portable radios were distributed to key managers to be used for communications purposes during a disaster. The following individuals should be recognized for their outstanding work in coordinating the training: Garth Collins, Karen Taylor, Richard Lee, Steve LaPlante, Marshall Isaacs, Nan Dame, Robert Navarro, and Jorge Palafox.

Office of Public Safety Services

At the October 18th Commission meeting I reported the formation of a new Office of Public Safety Services, representing the consolidation of all Institutional Police and support staff under a single organizational unit. I also indicated that Mr. Steve LaPlante would be reassigned to manage this new unit, in coordination and consultation with LHH and SFGH administration, and report to a member of the Executive Staff.

I am pleased to announce that Mr. Edward M. Gazzano, Human Resource Director, will be the Executive Staff member who will oversee the Office of Public Safety Services. This reporting relationship was recommended by the Department's Executive Staff and is designed to recognize that security is a workplace issue which require oversight on a department-wide basis.

SAN FRANCISCO GENERAL HOSPITAL

Senior Departmental Personnel Officer

I am pleased to announce the appointment of Kate Favetti as the Senior Departmental Personnel Officer for San Francisco General Hospital. Kate has over twenty years of experience with the City and County of San Francisco, including ten years in the personnel/human resources field. Kate is no stranger to the Health Department, having worked for various divisions between 1971 and 1989 including three years at San Francisco General. Most recently Kate worked as the Assistant Executive Officer to the Civil Service Commission.

Paramedic Division

As reported at the last Commission meeting, the Paramedic Division reached full staffing at the end of November 1994. However, three of the Medics hired failed to complete the course of training and evaluation. These positions will be filled immediately.

Parking Garage Update

On December 8, 1994, BA Securities, an affiliate of Bank of America, purchased $25,000,000 in parking meter revenue bonds which will finance the construction of the SFGH garage and two additional Department of Parking and Traffic projects. The project received the highest rating for municipal bonds from Standard, Poor's and Moody's rating agencies. Approximately $17 million will fund construction of the SFGH garage.

Funds will become available within a week to officially award the construction contract to Nibbe Brothers, a local firm. The contractor will be given notice to proceed on January 17, 1995, and demolition is scheduled to begin on February 1, 1995. Preparations are in progress for a groundbreaking ceremony to celebrate the event.

Women's and Children's Division
A multidisciplinary group from SFGH met with two staff members of the District Attorney's Family Support Bureau to discuss implementation of the Paternity Opportunity Program (POP) at the hospital. AB 1277, a new state law and Family Code Section 7571, an adoption of the federal requirement, will go into effect January 1, 1995. This law requires that all birthing hospitals provide paternity statement forms to unmarried couples.

Emergency Department
John Fazio, RN, ED Clinical Specialist was invited to the Mission High School Health Center to provide an overview of the "ABC's of Emergency Care". His presentation to the Health Center professional staff was well received.

Ten SFGH Registered Nurses and Nurse Managers participated in an "Adopt-a-School" project with the SF/Bay Area Emergency Nurses Association First aid "skill stations" were created by the RN's for the third, fourth, and fifth graders at Malcolm X Academy in Hunter's Point. The program was a success in the school and received rave reviews from both teachers and students.

SSI Service Center
Client statistics are now reflecting monthly information. The attached summary is for the period ending November 30, 1994. Statistics reflect an increase in referrals to the Advocacy Unit and SSI/SSA applications initiated. Planning is underway for the development of the administrative work group. The group will be comprised of key fiscal, MIS and program administrators from DPH, DSS, and SSA. They will provide data input and mechanisms for recoupment, expenditure and productivity reports as well as assist in evaluating the project's outcomes and performance. Renovations at the GA Office will begin this week and should be completed by the end of January 1996, thereby increasing the space for both psychological and medical examinations.

Operations
Diversion - Critical Care diversion for December 1 through December 14 was 26.5 hours/8.2%. The average critical care census at time of diversion was 22.

The hospital census was 110% over budgeted beds on December 12, 13, and 14.

LAGUNA HONDA HOSPITAL
Residents Visit World Trade Center
On Saturday December 3rd, 160 Laguna Honda residents visited the World Trade Center. This event was the 7th Annual World Trade Center Luncheon for Laguna Honda residents sponsored by the Board of Directors. All the residents thoroughly enjoyed the scenic bay view and fine cuisine at a festive holiday luncheon. Supervisor Tom Hsieh joined the celebration. The residents had a wonderful time and extend their gratitude to the Board of Directors of the World Trade Center.

Noteworthy Publications
Dr. Michael Shore has co-authored a book exploring the relationship of immune dysfunction to the neuropsychological performance of intravenous drug users infected with HIV-1. Co-authors are Alicia Boccellari, Donald Chambers, James Dilley, Margaret Tauber, Andrew Moss, and Dennis Osmond.

In another collaboration, Dr. Michael Shore and Tatjana Novakovic-Agopin of UCSF look at the issue; "Is attention a single unified system, or does it consist of separate independent systems?".

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

DUI Awareness Month

December is National Drunk and Drugged Driving Prevention Month. The CSAS, DUI coordinator will support efforts to reduce DUI crashes and arrests in San Francisco by providing public service announcements to the press, radio and television. Television appearances in Tele-Mundo, the Spanish Speaking stations are already scheduled.

COMMUNITY HEALTH SERVICES

Transgender Clinic Anniversary

The recent passage of legislation protecting the civil rights of transgendered people by the Board of Supervisors is a propitious occasion to report to you that the Tom Waddell Clinic recently celebrated the first anniversary of its Tuesday evening Transgender Clinic.

For some time, staff at the Tom Wadell Clinic had been aware that many of their transgendered patients and clients were among the most vulnerable among the homeless population, often subject to abuse in the tough central city neighborhoods. This population is particularly at high risk of HIV, mental disability and substance abuse. In addition, the resistance or inability of medical providers to serve trasgendered people meant that some resorted to purchasing hormones on the street, which subjected them to medical risk.

The Transgender Clinic was started a year ago to provide a multidisciplinary-disciplinary service focused on the unique health and social problems of the homeless and indigent transgender population. A physician, nurse practitioner, nurse , social worker, mental health counselor and outreach worker staff the Tuesday evening clinic. Referral services and follow-up are offered through the broader programs based at the Tom Waddell Clinic.

The staff are to be commended for their commitment to care for patients and clients who are most likely to be denied access to appropriate care from the larger health care system. While the entire staff deserves our gratitude, I would particularly like to acknowledge the efforts of Barry Zevin, M.D. who was a driving force behind the creation of the clinic and who has become a trusted medical provider among the transgender population of the central city.

BUREAU OF ENVIRONMENTAL HEALTH AND TOXICS

DPH Files as Intervenor

As reported to the Commission December 6th, DPH received a Proposition 65 Notification on the Innes Avenue proposed co-generator plant site. The Department posted warning signs of a potential health risk and cordoned the perimeter with yellow police tape. Since the last Commission meeting, DPH filed as an active intervenor with the State Energy Commission on the co-generator project planned for the Bayview Hunters Point neighborhood. In this role the Department will be privy to information that otherwise would be reviewed strictly by the State Energy Commission. These additional findings will allow the City to explore the policy and public health implications of the proposed co-generator project and to formulate an educated position on the subject.

Smoking Restrictions

As of January 1, restaurant patrons in San Francisco and throughout California, will enjoy smoke free dining thanks to a State law taking effect that day. State Labor Code 6404.5 (Assembly Bill 13) prohibits smoking in restaurants and within any enclosed workplace structure. The Bureau of Environmental Health Services in conjunction with the Tobacco Free Project will investigate all work place smoking

complaints. Restaurants will be placed under notice not to allow smoking outside the bar area with citations issued to those establishments which fail to comply.

820 Bryant Street McDonald's

McDonald's is building a new fast food restaurant on the lot adjacent to the Police Department's 850 Bryant Headquarters. The Health Department received a number of anonymous complaints last week from the public alleging the construction crew had illegally redeposited hazardous waste contaminants on the site as they excavated the property.

Based on these complaints and data obtained by Health Department staff, the District Attorney initiated a criminal investigation. On December 15, 1994 a search warrant was served. Bureau of Environment/Toxics staff assisted the District Attorney by obtaining soil samples from the site. The soil samples are being analyzed by the California Department of Toxic Substances Control-Hazardous Materials Laboratory. The District Attorney will decide what course of action to take after receiving soil sample analysis results.

NOVEMBER STATISTICS

AIDS Statistics (from 7/1/81 to 11/30/94)

Total San Francisco cases:	20,511
Total San Francisco deaths	13,490
Total S.F. cases for November	154
Total S.F. deaths for November	151

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	279.9
Newborn Nursery:	20.8
Actual Patient Days (except newborns)	8,396
Newborn Nursery:	625
Admissions (except newborns):	1,391
Newborn Nursery:	155
Average Length of Stay (except newborns):	6.1
Newborn Nursery:	3.0
Discharge Patient Days (except newborns):	8,543
Newborn Nursery:	467
Discharges (except newborns):	1,405
Newborn Nursery:	154

Outpatient Visits

Primary Health	9,437
Family Health:	2,823
General Medicine:	2,055
Pediatric:	2,724
OB/GYN:	1,835
Specialty Clinics:	9,437

Emergency Activities

Emergency Room Visits:	4,468
ED Admisssions:	1,040
Psychiatric Emergency Services:	320
Psychiatric Emergency Admissions:	115

Laguna Honda Hospital

All Beds	1145
Acute Services	7
SNF Services	1111
AIDS/Hospice SNF	27

Mental Health

SFGH/Acute Psychiatric Beds:	79.2
Community Acute Psychiatric Beds:	6

CPHS - Primary Care Visits for Health Centers

Health Center #1:	1,021
Maxine Hall Health Center:	357
Health Center #3:	514
Health Center #4:	758
Health Center #5:	658
Tom Waddell Clinic:	2,768
Potrero Hill Health Center:	435
Southeast Health Center:	469
Special Programs for Youth:	2,353
TOTAL VISITS:	9,333

Disease Control

TB Clinic:	1,578
City Clinic:	1,610

SSI Clinic YTD Summary 7/1/94 to 11/30/94

Referrals to Triage	8,062
No Shows	526
Seen by Triage	7,536
Significant Findings:	
Homeless	1,786
Medical Problems	3,482
Psychological Problems	3,777
Med & Psych Problems	277
Employability Ratings	
Employable: Workfare/ Job Search	504
Indeterminate: Pt. Referral	878
Temp Unemployable: ReEval Triage	4,551
Perm Unemployable: Advocacy Unit	603

Case Management Referrals	883
Active Cases	544
Inactive	339
Referrals by Triage	703

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending 12/3/94			*Year-to-Date*		
	1992	*1993*	*1994*	*1992*	*1993*	*1994*
AIDS*	198	250	155	1751	4592	2604
Campylobacteriosis	50	49	51	649	586	562
Giardiasis	28	52	49	244	328	386
Hepatitis A	30	22	46	343	192	274
Hepatitis B	3	1	5	70	68	66
Salmonella	32	9	22	195	189	170
Shigella	37	9	17	314	229	229
TB	31	31	25	325	332	259
Gonorrhea	237	144	153	2549	2011	1894
Syphilis	9	8	9	318	139	72

* Resident cases only

Dr. Hernandez has signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

Mary G. DeMay, M.D.
Larry L. Dickey, M.D.
R. Jeffery Kohlwes, M.D.
William P. Shecter, M.D.

Commissioner Chow emphasized the importance of language capabilities in marketing and the implementation of Health Care Options (HCO).

5. UPDATE ON MEDI-CAL MANAGED CARE MENTAL HEALTH SERVICES

Nancy Presson, Division of Mental Health and Substance Abuse, presented the following:

The implementation target date for Phase I (Attachment A) which is the consolidation of inpatient private Fee-for-Service Medi-Cal with the County Short-Doyle/Medi-Cal system in January 1, 1995. This is subject to final approval of waivers from Federal authorities which is expected at any time. In preparation for this major policy initiative, the Division has been engaged in a year long planning and education process. A Managed Care Committee with broad based representation has bet biweekly for over a year and a half. Subcommittees have provided technical input in several areas such as finance, information systems and inpatient services.

In October a special pilot project team was formed make up of six FTE's. including physicians, psychologists, nurses, and social workers. For a 30-day period, the team tested protocols for admission authorization utilization review, and discharge planning for all admissions during this period. Valuable information and insights were gained in this process which has influenced the policies, practices, and funding request reflected in this packet.

We have also formed a Leadership Work Group which will serve as the project management team for the implementation of the Mental Health Managed Care Medi-Cal Program. This group is made up of executive level staff of DMS (to include Substance Abuse, Directors of Adult, Geriatric and Children Services) and San Francisco General Hospital, UCSF Department of Psychiatry and leadership group from the Mental Health contractors Association: This group has prioritized tasks that need to be completed and is committed to joining forces and resources to accomplish these tasks.

The following materials provide background for this report and includes the following:

a. **DMSF 1995-96 Action Plan**: This document is provided to the Health Commission to highlight the managed care tasks which the Division has identified for the coming year. This document is still in draft form and subject to the public review process.

b. **State Plan**: This is the San Francisco plan which conforms to the requirements issued by the State December 8, 1994. This provides the details for the implementation of Phase I.

c. **Supplemental Appropriation**: The supplemental appropriation request is in the amount of $3,670,238, which reflects the State General Fund and Federal Medi-Cal matching dollars in the San Francisco allocation to assume responsibility and risk for inpatient psychiatric services. This includes cost for inpatient care, community alternatives, care coordinators, administrative support, and utilization review functions which are required to provide, manage and offer alternatives to inpatient hospital care. This supplemental was approved today by the Commission.

We will return to the Health Commission in the future to request formal approval of the State Plan.

Dr. Hernández reported that potential policy options will be brought to the Commission. The Departmentwide strategic planning effort is identifying the challenges to the system and how structures can be flexible to manage these challenges.

Commissioner Chow encouraged the Joint Conference Committee for Mental Health to oversee the implementation of the managed care mental health services.

Commissioner Kaufman emphasized the importance of MIS capabilities for the managed care implementation.

6. CONSIDERATION OF A RESOLUTION SUPPORTING THE CALIFORNIA HEALTHY CITIES: MISSION IMMUNIZATION PROJECT

Tangerine Brigham, Budget and Planning, presented a proposed resolution for renewal of San Francisco being designated as a California Healthy City. The past year has concentrated developing the Tenderloin Immunization Project; and the second year proposes to focus on the Mission District.

Action Taken: The Commission (Jackson, Kaufman, Castaneda, Chow, Ripple) adopted Resolution #53-94, "Supporting the San Francisco Health Cities: Mission Immunization Project", (Attachment B).

7) **PRESENTATION OF THE LEAD POISON PREVENTION PROGRAM, THE LEAD POISON PREVENTION CITIZENS ADVISORY COMMITTEE, AND THE LEAD HAZARD REDUCTION CITIZENS ADVISORY COMMITTEE**

Dr. Larry Meredith introduced Jack Breslin, who has been the DPH Coordinator for the Childhood Lead Prevention Program. The other members of the staff who presented were:

Leticia Medina, Health Educator
Gail Herrick, Public Health Nurse
Jeff Newman, Senior Physician Specialist
Karen Cohn, Senior Industrial Hygienist

Their presentations gave an overview of their accomplishments, including community outreach, screening, surveillance and case management, community education, and interrelation to other DPH functions.

Public Speakers: Neil Gendel, Chairperson of the two Lead Prevention Advisory Committees.

Commissioner Kaufman requested the Department to provide to the San Francisco Board of Realtors the information on disclosure of lead on properties being sold.

Dr. Hernández pointed out that this lead program is an example of a comprehensive response to a public health problem, including the community and public health.

8. PRESENTATION OF THE COMMISSION ON THE ENVIRONMENT REPORT

Dr. Larry Meredith introduced Mr. Beryl Magilavy, Chairperson of the Commission on the San Francisco Environment, who gave an overview of the Commission's report for 1993-94.

The following summarizes some of the key findings of the Environmental State of the City Report:

- **Solid Waste:** Residents, businesses and government agencies in San Francisco have increasingly accepted the collection of recyclables as a way of life, although composting has lagged behind. Purchasing recycled products is also gaining acceptance, as their availability increases. Nevertheless, the City still generates substantial quantities of non-recycled waste, which must be disposed of in landfills, and illegal disposal of recyclable hazardous wastes such as such motor oil persists.

- **Energy:** Per capita energy use in San Francisco, like many American cities, is still very high. The City is, however, implementing policies toward higher-quality energy use, such as in its preference for electric public transit vehicles. Pacific Gas & Electric Company (primary energy provider in the City) has aggressively pursued incentive programs for energy conservation as an alternative to the development of new power plants. The report also finds that the financial and h health costs of current energy practices disproportionately affect low income communities and communities of color.

- **Hazardous Materials:** The use and management of hazardous materials in San Francisco is governed by the number of Federal and State regulations. Even so, the City is confronting significant hazardous material cleanup problems at the Presidio, Hunters Point, Treasure Island, Mission Bay, and at various smaller sites throughout the City. Extensive contamination not only presents health hazards, but can substantially delay the development of affordable housing and other needed land uses.

- **Water:** While San Francisco is known for having a pure supply of water from the Sierras, it is confronted with a variety of regional water issues, including recurring and extended droughts, and the competing demands placed on limited supplies by agriculture, urban centers, and the natural environment. The City will need to take an active role in conservation education, as well as regional water planning. Planning activities for water recycling and reuse are moving ahead, but could stall in the face of budgetary constraints in combination with a stagnant economy. The City is working to improve the water quality of the San Francisco Bay and Pacific Ocean by developing plans to halt wastewater overflows into Islais Creek, and educating the general public about illegal dumping of used motor oil.

- **Open Space:** San Francisco has very little native habitat remaining. In the last decade, citizen action has established funding for public acquisition of some of the remaining significant habitat still in private h ands, as well as for its restoration and maintenance. It has been only recently that the value of San Francisco's indigenous ecosystem has been recognized, and efforts to eradicate exotic species, restore wetlands, and replant native species are just beginning. While some of the native animal populations are doing well, most are declining and need special c are. The national standard for street tree planting recommends 200 trees per street mile and San Francisco presently meets only approximately 40% of that standard.

- **Air Quality:** The overall air quality in San Francisco is regularly very good, primarily due to its topographic characteristics and prevailing winds. Nevertheless, congested streets and highways frequently create carbon monoxide hot-spots, adversely affecting nearby pedestrians and residents. Air pollutants generated in San Francisco also contribute to cumulative air pollution problems in the South Bay and Central Valley.

- **Transit:** San Francisco is known for its "Transit First" policies, which are intended to promote the use of public transit. Muni operates one of the most extensive public transportation systems in the western United States, which, however, is regularly criticized for unreliability and lack of safety. Modes of transpiration that are less polluting than the automobile include walking and bicycling; the quality of facilities for these modes in mixed, depending on location. Environmental noise is closely associated with vehicular traffic. While the Transportation Noise Element of the Master Plan contains objectives and policies, but enforcement needs strengthening.

UPDATE ON BASE CLOSURES

Bill Lee, Health Services Administrator, provided a status report summarizing toxics and other related issues for the Hunters Point, Presidio and Treasure Island base closures. Each base is going through a tactics cleanup process. He presented the following overview:

The United States Environmental Protection Agency (USEPA) and the Department of Defense (DOF) have divided the cleanup process into the following five major steps:

1. Preliminary Assessment and Site Inspection (PA/SI).
2. Remedial Investigation/Feasibility Study (RI/FS)
3. Proposed Cleanup Plan.
4. Remedial Action Plan (RAP).
5. Remedial Design/Remedial Action (RD/RA).

The community is involved in each step of the process through the Restoration Advisory Board (RAB). The RABs are composed of regulatory agencies, including the Department of Public Health, DOD representatives, and numerous community and environmental groups. The purpose of the RAB is to provide a forum for community involvement in the toxics cleanup process.

The Department of Public Health, in conjunction with the Mayor's Office, the City Attorney, the Department of City Planning, the Redevelopment Agency and the Board of Supervisors, reviews the cleanup process to ensure that the public health and the environment are protected and the City's financial liability is minimized when the property is transferred to the City.

Furthermore, the City is represented on the California Environmental Protection Agency's Base Closure Advisory Committee, and, more recently, on the DOD/Peas Federal Facility Environmental Restoration Dialogue Committee to ensure that San Francisco's interests are represented at both the State and Federal levels.

A background on each base and summary of Health Department's roles and responsibilities, hazardous waste cleanup schedules and compliance issues, proposed transfer dates and current issues of concern for each base was approved. Although much has been accomplished, much remains to be done. Given the Federal budget constraints, it is probable that the cleanup processes will be delayed. San Francisco is competing with over 100 Federal bases for cleanup funds. Bases are not expected to be completely cleaned up before the year 2000, although some parts of the bases may be cleaned up and transferred before then.

9. CONSIDERATION OF A RESOLUTION FOR THE CLINICAL PRACTICE GROUP (CPG) AND THE CITY AND COUNTY OF SAN FRANCISCO FOR COMMUNITY PUBLIC HEALTH STAFF POSITIONS IN MANAGED CARE PROGRAMS

Dr. Bob Prentice, Deputy Director for CPHS, reported the following:

The Provider, Department of Public Health Organization (PHO), has negotiated two at-risk contracts with PacifiCare for Medi-Cal enrollees. Hospital services and the facility component of professional services are included in the contract with the Department. Professional services are included in the contract between PacifiCare and Clinical Practices Group (CPG).

CPHS clinics serve a significant segment of the Medi-Cal population in San Francisco. Their participation is an integral element in the piloting of managing care under the PacifiCare contract. The division of services that was negotiated between DPH and CPG has the professional component as a CPG responsibility. Therefore, it is necessary to have a contractual link between CPG and CPHS to allow

CPHS providers to participate in the outpatient primary care services. The terms in this contract parallel the terms of the contract between CPG and PacifiCare.

Dr. Prentice also reported:

Title 10, Section 1300.51(d) of the California Code of Regulations, requires that a plan lists all individuals who provide covered physician services as contracting providers. Section 1300.51(d) also states that primary care physicians should be designated as general practice, pediatrics, internal medicine and obstetrics/gynecology (as appropriate). All Exhibit (-I-1-a's submitted to the Department of Corporations and Department of Health Services must, therefore, only include licensed physicians.

A PacifiCare Medi-Cal member may receive a range of primary care services from a nurse practitioner or nurse midwife who delivers care under the supervision of the member's selected primary care physician.

Dr. Prentice stated that other providers will be included in the providers group.

Action Taken: The Commission adopted Resolution #54-94, "Approving a Contract Between CPHS and CPG to Provide Primary Care Services to Medi-Cal Enrollees Through a Contract with PacifiCare", (Attachment C).

10. OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (3)

San Francisco Managed Medi-Cal Mental Health Care
Action Plan, Phase I

Background

- Mental Health Carve-out
- Why Carve-out Mental Health
- What is Managed Care?

California's Plan for Managed Mental Health Care is a Two Step Process

- Step 1: Consolidation
- Step 2: Capitation

Why has the State Selected the County as the Single Managed Mental Health Care Plan Provider?

Components of San Francisco's Managed Medi-Cal Mental Health Care Action Plan,
Phase I, Inpatient Consolidation, January 1, 1995

- Mission Statement
- System Goal
- Values
- Planning Process

Psychiatric Inpatient Services

- Eligibility
- Access
- Protocols for Psychiatric Inpatient Utilization Review and Discharge Planning
- Medical Necessity Criteria

- Provider Selection Criteria for Psychiatric Inpatient Services
- Provider Selection Process
- Consumer Complaint and Grievance Resolution Procedures
- Cultural Competency
- Provider Appeals

Risk and Risk Management

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 53-94

RESOLUTION SUPPORTING THE SAN FRANCISCO
HEALTHY CITIES: MISSION IMMUNIZATION PROJECT

WHEREAS, the City and County of San Francisco was officially designated as a California Healthy City on December 1, 1993, through its successful application to develop the San Francisco Healthy Cities: Tenderloin Immunization Project; and,

WHEREAS, the Tenderloin Immunization Project was dedicated to improving community outreach and education regarding the importance of immunization, and where this project will end on December 31, 1994; and,

WHEREAS, the Department is developing an application to renew its Healthy City designation by continuing the project's immunization focus, and shifting the coordination efforts to the Mission neighborhood; and,

WHEREAS, the rate of on-time immunizations for children under age two in San Francisco is 49%, and where the intent of the Healthy City focus for San Francisco is to explore creative avenues for community involvement and immunization education in several distinct neighborhoods; and,

WHEREAS, the mission of the California Healthy Cities Project is to improve the health status of California residents by increasing the use of the Healthy Cities model for the promotion of health by local leaders, professionals, and residents within communities throughout the State; and,

WHEREAS, the Health Commission has expressed consistent support for the Healthy Cities concept, and supports Department efforts to continuously improve immunization rates; now, therefore, be it

RESOLVED, that the Health Commission supports the application by Department of Public Health to the California Healthy Cities Project for renewal of San Francisco's designation as a California Healthy City, through its development of the Healthy Cities: Mission Immunization Project.

I certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 20, 1994.

_____

Sandy Ouye Mori
Executive Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 54-94

RESOLUTION TO APPROVE A CONTRACT BETWEEN CPHS AND CPG TO PROVIDE PRIMARY CARE SERVICES TO MEDI-CAL ENROLLEES THROUGH A CONTRACT WITH PACIFICARE

WHEREAS, CPHS clinics serve a large Medi-Cal population. and

WHEREAS, the CPHS clinics should participate in piloting of managed care for the Medi-Cal enrollees through the PacifiCare contract to achieve the efficiencies of managed care, and

WHEREAS, the CPG is contracting with PacifiCare for the professional services for these enrollees, be it

RESOLVED, that DPH contract with CPG to provide primary care services to the Medi-Cal "at risk" enrollees who select CPHS physicians through the PacifiCare contract, and be it further

RESOLVED, that CPHS will participate in serving Medi-Cal enrollees in accordance with the terms of the PacifiCare contract negotiated by the PHO, previously approved by the Health Commission on November 15, 1994.

I hereby certify the foregoing Resolution was adopted by the Health Commission at its meeting of December 20, 1994.

_____

Sandy Ouye Mori
Secretary of the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

NOTICE

SPECIAL PUBLIC HEARING

CANCELLED

Public Hearing , in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact on health care services of the community from the California Pacific Medical Center's Performance Improvement Plan.

Tuesday, December 20, 1994
Time Specific: 5:00 P.M.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

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